



# COUNTY OF LAWRENCE

## Application for Employment

-OFFICE OF-  
**HUMAN RESOURCES**

**COUNTY COMMISSIONERS**  
Morgan Boyd, Chairman  
Loretta Spielvogel  
Daniel J. Vogler

**Office Of Human Resources**  
Office: 724.656.2164  
Fax: 724.656.2461  
Email: [lcapps@co.lawrence.pa.us](mailto:lcapps@co.lawrence.pa.us)

Lawrence County Government Center  
430 Court Street  
New Castle, Pa, 16101-3593  
Website: [www.co.lawrence.pa.us](http://www.co.lawrence.pa.us)

Lawrence County, PA considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Equal opportunity employer M/F/H/V.

**PLEASE PRINT IF FILLING OUT BY HAND**

|                         |  |                  |                     |               |
|-------------------------|--|------------------|---------------------|---------------|
| Position(s) Applied For |  |                  | Date of Application |               |
| Last Name               |  | First Name       |                     | M.I.          |
| Address                 |  | City             | State               | Zip Code      |
| Telephone Number        |  | Alternate Number |                     | Email Address |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes      No  
 Have you ever been convicted of a felony? Yes      No  
*(Conviction will not necessarily disqualify an applicant from employment)*

If yes, explain \_\_\_\_\_

Have you ever filed an application with us before? If yes, give date Yes      No  
 Do any of your friends or relatives work here? Yes      No

If yes, state name, relationship and location: \_\_\_\_\_

Are you currently employed? Yes      No

If yes, may we contact your present employer and please provide name \_\_\_\_\_

Are you prevented from lawfully becoming employed in this Country because of visa or immigration Status? *Proof of citizenship or immigration status will be required upon employment* Yes      No

Date available for work: \_\_\_\_\_ What is your desired salary? \_\_\_\_\_

Are you available to work: Full Time (Please indicate 1<sup>st</sup> 2<sup>nd</sup> or 3<sup>rd</sup> shift)

Are you available to work: Part Time (Please indicate Mornings Afternoons Evenings)

Are you available to work: Temporary (Please indicate date available)

Are you currently on "lay-off" status and subject to recall? Yes      No

Can you travel if a job requires it? Yes      No

Do you have a valid driver's license? Yes      No

Veteran? Yes      No

Have you ever been terminated from a job? Yes      No

If yes, why? \_\_\_\_\_

| EDUCATION              | Name and Address of School | Course of Study | Number of Years | Diploma or Degree |
|------------------------|----------------------------|-----------------|-----------------|-------------------|
| High School            |                            |                 |                 |                   |
| College                |                            |                 |                 |                   |
| Technical School       |                            |                 |                 |                   |
| Other (specify)        |                            |                 |                 |                   |
| Additional Information |                            |                 |                 |                   |
|                        |                            |                 |                 |                   |

Start with your present or last job; include any job related military service assignments and volunteer activities. Exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

|                            | Dates of Employment |       | Description of Duties |
|----------------------------|---------------------|-------|-----------------------|
|                            | From                | To    |                       |
| Employer                   |                     |       |                       |
| Address                    |                     |       |                       |
| Telephone Number           | Hourly Rate/Salary  |       |                       |
| Starting/Present Job Title | Starting            | Final |                       |
| Supervisor                 |                     |       |                       |
| Reason for Leaving         | May we contact?     |       | Yes No                |

|                            | Dates of Employment |       | Description of Duties |
|----------------------------|---------------------|-------|-----------------------|
|                            | From                | To    |                       |
| Employer                   |                     |       |                       |
| Address                    |                     |       |                       |
| Telephone Number           | Hourly Rate/Salary  |       |                       |
| Starting/Present Job Title | Starting            | Final |                       |
| Supervisor                 |                     |       |                       |
| Reason for Leaving         | May we contact?     |       | Yes No                |

|                            | Dates of Employment |       | Description of Duties |
|----------------------------|---------------------|-------|-----------------------|
|                            | From                | To    |                       |
| Employer                   |                     |       |                       |
| Address                    |                     |       |                       |
| Telephone Number           | Hourly Rate/Salary  |       |                       |
| Starting/Present Job Title | Starting            | Final |                       |
| Supervisor                 |                     |       |                       |
| Reason for Leaving         | May we contact?     |       | Yes No                |

|                            | Dates of Employment |       | Description of Duties |
|----------------------------|---------------------|-------|-----------------------|
|                            | From                | To    |                       |
| Employer                   |                     |       |                       |
| Address                    |                     |       |                       |
| Telephone Number           | Hourly Rate/Salary  |       |                       |
| Starting/Present Job Title | Starting            | Final |                       |
| Supervisor                 |                     |       |                       |
| Reason for Leaving         | May we contact?     |       | Yes<br>No             |

| PERSONAL/PROFESSIONAL REFERENCES |              |                   |            |
|----------------------------------|--------------|-------------------|------------|
| Name                             | Phone Number | Best Time to Call | Occupation |
|                                  |              |                   |            |
|                                  |              |                   |            |
|                                  |              |                   |            |

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice, and the County of Lawrence reserves the same right to terminate my employment at any time with or with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

\_\_\_\_\_ Initial

I hereby authorize the County of Lawrence to thoroughly investigate my references, work records, education, criminal history, and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the County of Lawrence my current and former employers, and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ Initial

I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and alcohol/drug screen and pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

\_\_\_\_\_ Initial

I certify that the answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand, that if hired, I will be required to abide by all rules and regulations of the County.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

LAWRENCE COUNTY IS  
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/D  
Lawrence County complies with the Drug-Free Workplace Act of 1989