

LANCASTER COUNTY NATURAL GAS AUTHORITY APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

NAME _____
LAST
FIRST
MIDDLE

PRESENT ADDRESS _____
STREET
CITY
STATE
ZIP

PERMANENT ADDRESS _____
 IF DIFFERENT FROM ABOVE STREET CITY STATE ZIP

PHONE NO: (_____) _____ ARE YOU 18 YEARS OR OLDER YES OR NO

SPECIAL QUESTIONS
 DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS:

HEIGHT _____ FEET _____ INCHES CITIZEN OF U.S. YES NO

WEIGHT _____ LBS DATE OF BIRTH _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY ? _____ READ _____ WRITE _____

*The Age of Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW ? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN _____

EDUCATION:	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE
GRAMMAR SCHOOL:			
HIGH SCHOOL:			
COLLEGE:			
TRADE, BUS OR CORRESP:			
GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:			

US MILITARY OR
NAVAL SERVICE _____

RANK _____

PRESENT MEMBERSHIP IN NATIONAL
GUARD OR RESERVES _____

FORMER EMPLOYMENT (LIST BELOW FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)				
DATE: MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED: _____

IF SO, PLEASE DESCRIBE: _____

=

IN CASE OF EMERGENCY NOTIFY: _____ () _____
NAME ADDRESS PHONE NUMBER

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

DATE: _____ SIGNATURE: _____

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS:

SUMMARIZE SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM OTHER EMPLOYMENT OR OTHER EXPERIENCE.

SPECIALIZED SKILLS

CHECK SKILLS/EQUIPMENT OPERATED

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Production / Mobile Machinery (List)	Others (List)
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Word		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Excel	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> PBX System	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

State any additional information you feel may be helpful to us in considering your application.

DO NOT WRITE BELOW THIS LINE

INTERVIEW BY: _____ DATE _____

HIRED: YES NO POSITION _____ DEPT: _____

SALARY /WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER: _____ DEPT. HEAD _____ GENERAL MANAGER _____