

Please read this information before beginning the application:

- The Authority is an equal opportunity employer and does not discriminate on the basis of race, sex, color, sexual preference, religion, disability, age, national origin, military status, or other relevant legally protected status, in any employment practice. It is important that you be careful to not provide information in any answer that discloses your race, sex, color, sexual preference, religion, disability, age, national origin or military status.
- One exception to the above statement is the need for reasonable accommodation to complete the application as a result of disability; if so, please inform the **Director** of your need upon receiving this application.
- All applicants are required to fully complete, date and sign this Application; however, if you're supplying a resume that provides the information requested in the Education, Membership in Organizations, Previous Employment and References sections, feel free to attach the resume rather than answering those questions. Nevertheless, the questions under the Personal section and the Signature paragraph must be completed.
- If you do not have sufficient space below to answer a question or provide an entire explanation, please continue your reply on an attached sheet, appropriately identifying what question the attached information is answering.



PERSONAL

Last Name	First	Middle Initial	Date
Street Address			Home Phone
City, State, Zip Code			Business Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify month and year:			Other Phone
Previous addresses during the past four years, including temporary addresses such as at college:			
Position Desired			Pay Anticipated
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what hours or days can you not work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
			When will you be available to begin work?
Are you legally eligible for employment in the United States?			Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.
Summarize any skills, experience, or special training you have which you believe may be beneficial in the job for which you are applying.			

Check all applicable statement below.

I have never been disciplined or terminated for (a) theft; (b) fighting; (c) disobeying or disregarding employer's policies or directions; (d) sexual or other type of harassment; nor (e) safety violations. This statement is true in its entirety.

I have been disciplined or terminated for theft and these are the circumstances:

I have been disciplined or terminated for fighting or assault and these are the circumstances:

I have been disciplined or terminated for disobeying or disregarding the directions of my employer and these are the circumstances:

I have been disciplined or terminated for safety rule violations and these are the circumstances:

Have you ever used illegal drugs? Yes No If yes, when was the last time you used illegal drugs?

Have you been convicted of a criminal offense in the nature of a felony or misdemeanor, which has not been annulled, expunged or sealed by a court? Yes No If "Yes," please indicate the date, location and nature of the conviction.

EDUCATION (Please do not list any dates for attendance or graduation from the following schools)

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

1.	2.	3.
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PREVIOUS EMPLOYMENT (Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.)

1	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Yearly pay (<i>before taxes and deductions</i>) Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Yearly pay (<i>before taxes and deductions</i>) Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Yearly pay (<i>before taxes and deductions</i>) Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Yearly pay (<i>before taxes and deductions</i>) Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

REFERENCES (Please list the names of the employers you have worked for in the last five years.)

DO NOT CONTACT	
We may contact the employers listed above in <i>Previous Employment</i> unless you indicate those you don't want contacted.	Employer Name(s) _____ Reason (s) _____ _____

SIGNATURE

All of the information I have provided on, and in connection with, this application is correct and true. I understand that any false, misleading or incomplete answer or statements or implications made by me in connection with this application or other required documents, or the failure to disclose any relevant information, shall result in the denial of employment or termination. I further understand that nothing contained in this application or in the granting of an interview is intended to create a contract of employment or for the providing of any benefit or to obligate the Authority in any way. If an employment relationship is established, I understand that I will have the right to terminate my employment with or without cause, for any reason at any time, and that the Authority retains a similar right. No promises, statements or representation to the contrary have been made to me, and I understand that no such promises, statements or representations are binding on the Authority.

I hereby grant the Authority permission to investigate my personal, educational and employment history and to contact persons, organizations, institutions or government agencies that may have knowledge of me, including a criminal record check. In consideration of my receipt of this application and being considered for employment, and intending to be legally bound, I hereby release the Authority, its directors, officers, principals, employees and agents from any and all liability, real or potential, for seeking such information and all other persons, corporations or organizations for furnishing such information to the Authority.

I understand that if I receive an offer of employment, I will be required to undergo a medical examination by a doctor selected by the Authority before my employment is initiated, to which I hereby assent. As part of this examination, I agree to complete a health evaluation form. I understand that any information obtained regarding my medical condition or history will be collected and maintained on separate forms and in separate medical files and will be treated as a confidential medical record in accordance with applicable law.

_____ Date _____ Signature



**LEHIGH COUNTY AUTHORITY
APPLICANT REFERENCE FORM**

DATE: / /

Name:

Contact Number / Email Address:

Company Applied To: **Lehigh County Authority**

Position Applied To:

Please list below the contact information for professional contacts, preferably past supervisors or managers, from your recent work history. **If possible, we prefer you list supervisory contacts from your last 3-4 professional positions.**

First Reference

Contact Name:

Contact Title:

Company Name:

Telephone:

Relationship to You:

Contact's E-mail (if available):

Second Reference

Contact Name:

Contact Title:

Company Name:

Telephone:

Relationship to You:

Contact's E-mail (if available):

Third Reference

Contact Name:

Contact Title:

Company Name:

Telephone:

Relationship to You:

Contact's E-mail (if available):



**LEHIGH COUNTY AUTHORITY
APPLICANT REFERENCE FORM**

AUTHORIZATION / SIGNATURE: I understand that Lehigh County Authority will use the provided information to obtain reference check and / or employment verifications from the above companies / parties. I understand that obtaining reference check information from the above parties does not guarantee an offer of employment from Lehigh County Authority. I understand that Lehigh County Authority may obtain further background check information in the future, in conjunction with the hiring process for this position or for another position.

Signature:

Printed Name:

Date: