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| ***www.lctcb.org*** | **Lancaster County Tax Collection Bureau**  ***1845 William Penn Way, Lancaster, PA 17601***  ***Phone (717) 569-4521*** |

**EMPLOYMENT APPLICATION**

***An Equal Rights and Opportunities Employer***

Position Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Are you willing to work (check all that apply): Full Time **□** Part Time **□** Temporary **□**

**YES NO**

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| Are you 18 years of age or older? | □ | □ |
| Are you legally eligible to work in the United States? | □ | □ |
| Are you currently employed? | □ | □ |
| May we contact your current employer? | □ | □ |
| Do you have any relatives employed by the Bureau? | □ | □ |
| Are you a Veteran of the US Military service? | □ | □ |
| If yes, provide the Branch and dates: | | |
| Have you ever been convicted of or pled guilty to a felony or misdemeanor? (**NOTE**: Prior | □ | □ |
| convictions will not necessarily lead to disqualification) | | |
| If you answered yes to the above question, please provide date(s), nature of criminal charge and disposition: | | |
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| On what date would you be available to work? | | |
| How were you referred to our organization? | | |

**Education/Special Training**

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| **School** | **Number of**  **Years Attended** | **Certification/Degree**  **Earned** |
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**Most Recent Work Experience** (start with present/last employer)

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| --- | --- | --- | --- |
| Employer: |  | Start Date: |  |
| Supervisor: |  | End Date: |  |
| Reason for Leaving: |  | Hourly Rate/Salary: |  |
| Duties: |  |  | |
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| --- | --- | --- | --- |
| Employer: |  | Start Date: |  |
| Supervisor: |  | End Date: |  |
| Reason for Leaving: |  | Hourly Rate/Salary: |  |
| Duties: |  |  | |
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| --- | --- | --- | --- |
| Employer: |  | Start Date: |  |
| Supervisor: |  | End Date: |  |
| Reason for Leaving: |  | Hourly Rate/Salary: |  |
| Duties: |  |  | |
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**Other Relevant Work Experience**

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| --- | --- | --- | --- |
| Employer: |  | Start Date: |  |
| Supervisor: |  | End Date: |  |
| Reason for Leaving: |  | Hourly Rate/Salary: |  |
| Duties: |  |  | |
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**Applicable Skills**

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**Outside Interests**

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**References** (do not include relatives)

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| **Name** | **Position** | **Phone Number** |
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**Information that may relate to your ability to perform the position being applied for**

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**NOTICE TO APPLICANT**

Lancaster County Tax Collection Bureau is a smoke free workplace.

Applicants are required to complete the Employment Verification Form (I-9) prior to employment.

**APPLICANT’S STATEMENT**

I understand that the Lancaster County Tax Collection Bureau follows an “employment at will” policy, in that I or the Bureau may terminate my employment at any time, or for any reason consistent with applicable state and federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Executive Director of this Bureau. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that, as a condition of employment, I will be required to undergo pre-employment substance abuse testing. I hereby consent to such testing. In the event my pre-employment test result indicates that I: a) use illegal drugs; b) abuse illegal drugs or substances; or c) am under the influence of alcohol, I understand that my offer of employment shall be rescinded.

I understand that this application will be active for one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the Bureau will thoroughly investigate my work and personal history (including criminal record and credit history) and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that I am required to abide by all rules, regulations and policies of the Bureau.

I certify that all statements herein are true and understand that falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_