

APPLICATION FOR EMPLOYMENT

Name				
Last		First	Middle	
Telephone Number		Email Contact _		
Present Address Street Address				
City	State	Zip Code	<u> </u>	
How long have you	lived at this address?	Since		
Previous Address Street Address				
City	State	Zip Cod	e	
How long did you liv	ve at this address?	From		To
(Please list <u>all</u> prior s sheet.)	addresses at which you h	nave lived within 3	years of this Applicatio	n on a separate
Are you legally eligib	ole to be employed in the	United States?	Yes	No
Are you over 18 year (If no, you may be re	rs of age? equired to provide author	ization to work)	Yes	No
•	convicted of a felony or n		Yes atic bar to employment	No t.)
If yes, please explain information:	n the nature of the convict	tion, the date, sente	ence (if any), and any of	ther relevant

EMPLOYMENT SOUGHT

Position(s) Sought:				
Salary Sought:				
Have you previously been	employed by a Cons	ervation District?	Yes	No
(If Yes, please provide the rthe "EMPLOYMENT HISTOR		dates of employment, and	other relevant info	ormation in
Have you previously applie	ed for employment w	vith Lancaster County Con	servation District?	
If Yes, list dates you applied	d:		Yes	No
Status Sought:		Full	Time	_ Part Time
Hours Sought:		То		
	<u>EMPLO</u>	YMENT HISTORY		
Starting with your current or employment and unemploy	•		of employment, se	lf-
Employer's Name:				
Business Address				
City	State	Zip Code		
Phone Number				
Dates of Employment:				
Hire Date (Month/Year)		End Date (Month)	Year)	
Position(s) Held				
Name of Supervisor(s)				

Employer's Name:			
Business Address			
City State	Zip Code		
Phone Number			
Dates of Employment:			
Hire Date (Month/Year)	End Date (Month/Year)		
Position(s) Held			
Name of Supervisor(s)			
Reason for Leaving			
Fmnlover's Name			
Employer s Name.			
Business Address			
City State	Zip Code		
Phone Number	<u> </u>		
Dates of Employment:			
Hire Date (Month/Year)	End Date (Month/Year)		
Position(s) Held			
Name of Supervisor(s)			
Reason for Leaving			
* List all additional employers and requested information on a separate sheet. Please fully explain all periods of self-employment and any gaps in your employment history:			
	,		

Have you ever been discharged, terminated, or asked to res If yes, explain below:	sign from a job?	YesNo	
May we contact your current employer?		Yes	No
If not, please explain below:			
EDUCATION HISTO	<u>ORY</u>		
Undergraduate Degree, Institution Name			
Institution Address			
City State Zip	Code		
Course of Study/Major			
Number of Years/Credits Completed			
Diploma/Degree			
Graduate Degree, Institution Name Professional, Business, or Correspondence			
Institution Address			
City State Zip	Code		
Course of Study/Major			
Number of Years/Credits Completed			
Diploma/Degree			

Other Continuing Education, Institution Name				
Institution Address				
City State Zip Code				
Course of Study/Major				
Number of Years/Credits Completed				
Diploma/Degree				
*Please attach an official transcript(s)				
Please list below any additional certifications, degrees, or training that you have received which may be relevant to your candidacy for employment with Lancaster County Conservation District:				
PERSONAL REFERENCES Please provide three references who are not relatives that can speak to your work experience. Name				
Address				
City State Zip Code				
Relationship				
Contact Phone Number				
Years Known				
Name				
Address				
City State Zip Code				
Relationship				
Contact Phone Number				
Years Known				

Name		
Address		
City	State	Zip Code
Relationship		
Contact Phone Number		
Years Known		

See Applicant's Signature, next page.

APPLICANT'S STATEMENT

Please read carefully before signing

I hereby affirm that the information provided on this Application and accompanying resume (if any) is true and correct to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and maybe result in my discharge if discovered later. I agree that Lancaster County Conservation District shall not be liable in any respect if my employment is terminated because of false statements, answers, or omissions.

In the event of my employment with Lancaster County Conservation District, I understand that my employment is terminable at will, that I am not being employed for any specified time, and that this Application is not an employment contract. I recognize that, if hired, either I or Lancaster County Conservation District remains free to terminate the employment relationship at any time, with or without cause, with or without notice.

I understand that this Application will be considered active for 90 days. Should I wish to be considered for employment beyond this period, I acknowledge that I must complete another application form or request in writing that my Application continues to be considered.

ELECTRONIC SIGNATURE OF APPLICANT	 	
DATE OF SIGNATURE		

Lancaster County Conservation District is an equal opportunity employer and considers all qualified candidates for employment without regard for race, color, religion gender, national origin, ancestry, age, physical or mental disability, marital or veteran status, pregnancy, or any other legally protected status.

Please advise us if you require any special reasonable accommodation in completing this application, interviewing, completing any pre-employment testing, or otherwise participating in the employment selection process.t

Lancaster County Conservation District 1383 Arcadia Rd Room 200 Lancaster PA 17601 717-299-5361 x.5 www.lancasterconservation.org