



## APPLICATION FOR EMPLOYMENT

LCSWMA is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, ancestry, handicap or disability, or any other legally protected status.

Please print in ink – do not use pencil

Position Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Drivers License Number	Class	Social Security Number

If you are under 18 years of age can you provide required proof of your eligibility to work (Work Permit Required)?  Yes       No

Have you ever filed an application with us before?  Yes       No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes       No

May we contact your present employer?  Yes       No

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

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full-Time       Part-Time       Temporary

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

Can you travel if a job requires it?  Yes       No

Have you been convicted of a felony within the last 7 years?  Yes       No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

	High School				Undergraduate College/University				Graduate/Professional			
School Name & Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Indicate any professional or occupational licenses, registrations or certifications you currently hold.												
Describe any honors you have received.												
State any additional information you feel may be helpful to us in considering your application.												
Indicate any foreign languages you speak, read and/or write.												
List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.</i>												

## REFERENCES

Provide name, address, and telephone number of three references who are not related to you.

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
1.		
2.		
3.		

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_  
\_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

You may attach a resume, but this section must be completed in its entirety as well. Start with your present or most recent job and account for all time periods, including U.S. Military service, unemployment and volunteer work. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. *If you need additional space, please continue on a separate sheet of paper.*

Employer		Dates of Employment		Work Performed
Address		___/___/___ To ___/___/___		
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

Employer		Dates of Employment		Work Performed
Address		___/___/___ To ___/___/___		
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

Employer		Dates of Employment		Work Performed
Address		___/___/___ To ___/___/___		
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

Employer		Dates of Employment		Work Performed
Address		___/___/___ To ___/___/___		
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

## APPLICANT'S STATEMENT

I hereby certify that the statements I have made in the Application for Employment are true and if I am subsequently employed, I may be subject to discharge if any of them are found to be false. I give permission to LCSWMA (the Authority) to obtain employment and personal references necessary to make a hiring decision and hold persons giving references harmless and free of any and all liability that could result from this process. I acknowledge that the Authority requires a post-offer employment entrance physical examination which includes controlled substance testing and may include alcohol testing, to which I consent, the results of which will be used, in part, to make an employment determination. I agree to a post-offer employment entrance physical examination and testing by a doctor and testing agency of the Authority's choice. I further acknowledge that if I am employed, my employment with the Authority will be on an at-will basis and that my employment may be terminated at any time, with or without cause. This at-will employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized officer of the Authority. I further understand that I am required to abide by all employment policies, procedures, and rules and regulations of the Authority.

I hereby acknowledge that I have read, understand and agree to the above statement.

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Signature of Applicant

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Date

*All employment applications will be kept on file for one year from date of completion.  
During this time, you may call or write to update any pertinent information.*



## PRE-EMPLOYMENT INQUIRY RELEASE

IN CONNECTION WITH AND DURING MY EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES MAY BE MADE ON ME INCLUDING CONSUMER, CRIMINAL, DRIVING AND OTHER REPORTS. THESE REPORTS WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE, ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT FROM PREVIOUS EMPLOYERS. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE, AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL AND OTHER EXPERIENCES.

YOUR AUTHORIZATION RELEASES LCSWMA FROM ANY AND ALL LIABILITY FOR DAMAGES ARISING FROM THE INVESTIGATION AND DISCLOSURE OF THE REQUESTED INFORMATION. FURTHER, IT RELEASES AND DISCHARGES ALL LIABILITY FROM ALL COMPANIES, AGENCIES, OFFICIALS, OFFICERS, EMPLOYEES AND OTHER PERSONS, WHO, IN GOOD FAITH, PROVIDE THIS INFORMATION TO LCSWMA. THE ABOVE-MENTIONED INFORMATION IS REQUESTED IN ORDER TO SUCCESSFULLY COMPLETE A BACKGROUND INVESTIGATION FOR YOUR APPLICATION FOR EMPLOYMENT. YOUR SIGNATURE ALLOWS A PHOTOCOPY OR FAX COPY OF THIS AUTHORIZATION TO BE AS VALID AS THE ORIGINAL.

Full Name (Print) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security # \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer **LCSWMA**

\*Date of birth is being requested in order to obtain retrieval of records.

# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK**

**DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**



Bureau of Driver Licensing  
P.O. Box 68695  
Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: **\$5.00 FEE** (Driver history is **not** included)
- 3 YEAR DRIVER RECORD: **\$5.00 FEE**
- 10 YEAR DRIVER RECORD: **\$5.00 FEE** (Employment Purposes Only)

- CERTIFIED DRIVER RECORD: **\$10.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): **\$5.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: **\$10.00 FEE**

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<b>A REQUESTER INFORMATION</b>	<b>B END USER OF INFORMATION BEING REQUESTED</b>
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NAME/COMPANY
ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i>
CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED) ( ) _____
RELATIONSHIP TO DRIVER (REQUIRED) _____
SIGNATURE <u>X</u>
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD

<b>C DRIVER INFORMATION</b>			
NAME: LAST	FIRST	INITIAL	
ADDRESS			
CITY			
STATE		ZIP CODE	
PHONE NUMBER ( ) _____			
DATE OF BIRTH		DRIVER NUMBER	
MONTH	DAY	YEAR	

<b>E DRIVER RELEASE</b>	
I _____ hereby request	
NAME OF DRIVER	
the Department of Transportation to furnish a copy of my PA Driver's Record to _____	
NAME OF PERSON/COMPANY	
<u>X</u>	DATE
SIGNATURE OF DRIVER	

<b>F MICROFILM</b>	
TYPE OF DOCUMENT	DATE OF VIOLATION
(see list of available documents below)	
<b>Documents Available:</b>	
<ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> </ul>	<ul style="list-style-type: none"> <li>• Suspension Credit Affidavits</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>

NAME/COMPANY
ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i>
CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED) ( ) _____
RELATIONSHIP TO DRIVER (REQUIRED) _____

<b>D AFFIDAVIT OF INTENDED USE</b>
Intended Use of the Information Requested: <b>CHECK ONLY ONE</b>
<input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.)
<input type="checkbox"/> <b>C = Credit</b> (In connection with a credit transaction involving the driver.)
<input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.)
<input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.
<input type="checkbox"/> <b>K = Court Order</b> must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).
<input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)

I hereby Certify that \_\_\_\_\_

PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

X \_\_\_\_\_

SIGNATURE OF REQUESTER

Title \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME:	MONTH	DAY	YEAR
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<u>X</u>	SIGNATURE OF PERSON ADMINISTERING OATH
<b>S E A L</b>	<b>SIGN IN PRESENCE OF NOTARY</b>

**NOTARIZATION**

MESSENGER NO.