LUZERNE COUNTY FLOOD PROTECTION AUTHORITY



APPLICATION FOR EMPLOYMENT

Type or Print in Ink - No Pencil.

Be Sure To Fill In Both Pages Of This Form.

Prospective employees will receive consideration without discrimination because of race, religion, creed, color, sex, age, national origin or handicap.

Last Name	t Name First Middle			Date			
Street Address				Home Phone			
Stiest Mudiess				()	ž *		
City, State, Zip				Business Pho	one		
0.0, 0				()			
Have you ever applied for e	mployment with us?			Social Securit	ty No.		
	If Yes: Month Year Location			-			
Position Desired				Pay Expected	i		
Are you legally eligible for employment in the United States?					When will you be able to begin work?		
Other special training or skill	lls (languages, machine operation, etc.)						
			1	Т			
	Parameter of the second	Course	# of years	Did you	Degree or		
School	Name and Location of School	of Study	Completed	Graduate	Diploma		
		SCOCOCOCO	Total Missesses	3525 Million			
				Yes			
College	ı			III No			
				No Yes			
High School	i						
riigii osiloo.				□ No			
				Yes			
Other	l .						
		K		☐ No			
	· · · · · · · · · · · · · · · · · · ·	"C ODCAN	7.7.010				
	MEMBERSHIP IN PROFESSIONAL			4			
	(Exclude those which may disclose your re	ace, color, religion, or	r national ongin	1)			
				556	ccurate, complete		
	EMPLOYMENT		111	2/	art-time employment		
CIVIFLOTIVIENT					record. Start with present or most		
				recent employe	er.		
A				T-Ibana			
Company Name			18	Telephone	4.0		
Address					() - Employed (State Month & Year)		
Addiess				From	To		
Name of Supervisor				Weekly Pay	10		
ranio di dapa rica.			1	Start	Last		
State Job Title and Describe Your Work					aving		
			-				

Company Name	Telephone							
Address	Employed (State Month & Year)							
unica dicionalmente V	P. C.	Го						
Name of Supervisor				Weekly Pay	.nt			
State Job Title and Describe Your Work				Start La Reason for Leaving	st			
				巡				
	OT CONTACT							
We may contact the employers listed a	above unless	Employer						
you indicated those you do not want u	is to contact	Reason	1					
COMPLETE THIS SECTION IF YOU SERV	Branch of Service							
Describe your duties and any special training		Rank at Discharge						
-		L						
DO NOT ANSWER A	NY QUESTION IN THIS SEC	TION LINE ESS THE	E BOX IS CHE	CKED				
DO NOT ANSWER AL	VI QUESTION IN THIS SEC	HON ONLEGO THE	_ BOX IO CITE	ONED				
If the employer has checked the box next to the question	n, the information requested is needed f	or a legally permissible re	ason, including, wi	thout limitation, national security				
considerations, a legitimate occupational qualification or t								
sex, or national origin. Federal law also prohibits discrim					ğ			
above types of discrimination as well as some additional types such as discrimination based upon ancestry, martial status or physical or mental handicap or disability.								
What was your previous address?								
How long at previous address?		How long at preser	nt address?					
Years Years				No \square				
If Yes, describe in full.	e past terr years?	les 🔲	,	•• Ш				
or massed assessments of the								
REFERENCES (GIVE AT LEAST TWO PERSONAL RE	EERENCES)							
NAME	PRESENT BUSINESS OR HOME ADDRESS			BUSINESS OR OCCUPATION				
I hereby declare the information provided by me in this Applicatio	on for Employment is true, correct and cr	omplete to the best of my	knowledge. I unde	rstand that if employed, any miss	tatement			
or omission of fact on this application shall be considered cause for dismissal.								
I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained,								
may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to								
receive additional detailed information about the nature and scope of any such investigation. And, further, as part of the consideration for the processing of this application, I hereby release								
and forever discharge, the County of Luzeme, and all its employees, agents and elected officials, from any cause of action, claim, suit, or demand, in law or in equity, which may arise as a result								
of the request or furnishing of said information.								
B-11			Cianatura					
Date			Signature					