

**LUZERNE COUNTY**  
OFFICE OF COMMISSIONERS



**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	First	Middle	Date
Street Address			Home Phone ( ) -
City, State, Zip			Business Phone ( ) -
Have you ever applied for employment with us? Yes No If Yes: Month Year Location			Social Security No. - -
Position Desired			Pay Expected
Are you legally eligible for employment in the United States?			When will you be able to begin work?
Other special training or skills (languages, machine operation, etc.)			

School	Name and Location of School	Course of Study	# of years Completed	Did you Graduate	Degree or Diploma
College				Yes No	
High School				Yes No	
Other				Yes No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion, or national origin)

<b>EMPLOYMENT</b>	Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
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Company Name	Telephone ( ) -
Address	Employed (State Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work _____	Reason for Leaving

