

# LEBANON VALLEY ELECTRIC, INC.

## APPLICATION FOR EMPLOYMENT

FAX TO: 717-866-7878

Personal Information

Date \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	CELL NUMBER		
EMAIL ADDRESS	REFERRED BY		

employment desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

Education History

Name & Location of School	Years Attended	Did You Graduate?
HIGH SCHOOL		
COLLEGE		
TRADE/BUSINESS SCHOOL		

general information

SPECIAL SKILLS OR TRAINING APPLICABLE TO POSITION DESIRED
LICENSES OR CERTIFICATES

# LEBANON VALLEY ELECTRIC, INC.

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_

former employers (List below last four employers, starting with last one first)

DATE (MO & YR)	NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

References (List at least three people not related to you, whom you have known at least one year)

NAME	TELEPHONE #	BUSINESS	YEARS KNOWN

### Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWER REMARKS:
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