

LUZERNE COUNTY
OFFICE OF COMMISSIONERS



APPLICATION FOR EMPLOYMENT

Type or Print in Ink — No Pencil.
Be Sure To Fill in Both Sides 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and 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	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone () —
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work _____	Reason for Leaving

APPLICATION FOR EMPLOYMENT (Continued)

Company Name	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicated those you do not want us to contact.	<i>DO NOT CONTACT</i>
	Employer _____ Reason _____

<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>	Branch of Service
Describe your duties and any special training	Rank at Discharge

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input checked="" type="checkbox"/> What was your previous address?
<input checked="" type="checkbox"/> How long at previous address? _____ Years <input checked="" type="checkbox"/> How long at present address? _____ Years
<input checked="" type="checkbox"/> Have you been convicted of a felony in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.

REFERENCES (GIVE AT LEAST TWO PERSONAL REFERENCES)		
NAME	PRESENT BUSINESS OR HOME ADDRESS	BUSINESS OR OCCUPATION

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement 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 a 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 Luzerne, 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.

_____ Date _____ Signature

COMMISSIONERS

GREGORY A. SKREPENAK, *Chairman*

TODD A. VONDERHEID

STEPHEN A. URBAN

SAMUEL T. GUESTO, JR.

County Manager/Chief Clerk

JAMES P. BLAUM, ESQ.

County Solicitor



COUNTY of LUZERNE

DEPARTMENT OF PUBLIC SAFETY

9-1-1 • EMERGENCY MANAGEMENT AGENCY • SECURITY

ALAN M. PUGH, ENP
Chief of Public Safety

PHILLIP C. VEET, ENP
Deputy Director
Technical Support Manager

STEPHEN BEKANICH
EMA Coordinator

RICHARD SIMONSON
Chief of Security

NOTICE

I authorize any investigator(s) or other duly authorized representative(s) of Luzerne County to obtain any information relating to my activities and background from individuals, schools, employers, criminal justice agencies or other sources of such information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, financial and credit information as well as criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for a position of trust and confidence with Luzerne County.

I authorize Luzerne County, its representative(s) as well as those within the Luzerne County Human Resources Office, conducting my employment-suitability background investigation to disclose the record of my employment-suitability background investigation.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator(s) or other duly authorized representative(s) of Luzerne County. I understand that the information released by records custodians and sources of information is for the sole use of Luzerne County Human Resources Office and the Administrative Office of Luzerne County. This information will not be released by Luzerne County to anyone else unless authorized by law or the undersigned herein.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Date of Birth	Social Security Number	Home Phone

Luzerne County 911 Self Screening Test

1. Can you type a minimum of 30 WPM at 85% accuracy (you will be tested)?
YES NO

2. Are you willing to work an irregular shift schedule during your probationary period, where one month you might be on the evening shift with Mondays and Tuesdays off, and the next month on the midnight shift with Wednesdays and Thursdays off?
YES NO

3. Are you willing to work any shift you are assigned to after the training program (either first, second, or third)?
YES NO

4. Are you willing to work weekends and holidays?
YES NO

5. Are you willing to accept last minute changes in you work schedule or to work mandatory overtime?
YES NO

6. Are you willing to be subjected to abusive and profane language on the telephone and deal with it unemotionally?
YES NO

7. Are you willing to take directions from a supervisor in front of peers?
YES NO

8. Because you are working on 8-hour with breaks, there may be times when you are required to forego lunch and/or breaks due to under stalling or shift activity. Are you willing to give up breaks when necessary?

YES NO

9. Are you willing to work at a console that restricts your movements and/or requires long periods of sitting with extensive data entry work?

YES NO

10. Are you able to comprehend that when you process a call incorrectly that it could contribute to someone's property being lost or damaged, or someone being seriously injured or dying?

YES NO

11. Are you willing to be closely supervised and questioned routinely about why you followed a certain course of action without taking it personally and remaining professional?

YES NO

12. This job requires you to copy and/or input information as it is being received, simultaneously comprehend what you heard and respond immediately. Is this something you would be able to do?

YES NO

13. Are you willing to deal calmly with angry people when the problem is not your fault?

YES NO

14. Are you willing to deal with a crisis call, ie. Where a child might have died; an officer was injured; or a woman was assaulted, and set it aside and continue to calmly deal with an irate citizen complaining of a barking dog?

YES NO

15. If you smoke, are you prepared to work long periods of time without a cigarette?

YES NO

16. Are you willing to work under constant electronics surveillance that records all telephone and radio communications?

YES NO

*If you answered NO to any of the questions, you may wish to consider another position with
Luzerne County.*

SIGNATURE: _____

DATE: _____