



**LEHIGH AND NORTHAMPTON TRANSPORTATION AUTHORITY
APPLICATION FOR EMPLOYMENT**

If you need help filling out this Application for Employment, please notify the person you obtained it from. LANTA will undertake reasonable efforts to accommodate your needs promptly. LANTA is an equal opportunity employer. LANTA does not discriminate on the basis of religion, race, creed, color, national origin, sex, age, disability, handicap, marital status, or any other applicable legally protected category. No questions on this Application are intended to secure information to be used for any discrimination prohibited by applicable law.

PLEASE PRINT OR TYPE

Name (Last, First, MI)		Social Security No. - -
Present Address – Street		Telephone No. () -
City/State/Zip		Best time to reach you AM PM
Date available for employment	Position applying for	
Are you on Lay Off/Subject to recall <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name of company	
Can you produce proof that you are eligible to work in the USA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you willing to work SATURDAYS, SUNDAYS and HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)	Are you willing to work OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)	Type of employment applying for: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
Have you ever been employed by LANTA before? If yes, when & where. <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	Are you willing to be "on call" and work nights and/or emergencies? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever applied for employment for LANTA? If yes, when & where. <input type="checkbox"/> YES _____ <input type="checkbox"/> NO
Have you been convicted of a crime within the last 7 years (other than minor traffic violation)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, give details:		
Have you ever been discharged or suspended from any position? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state particulars – when, where, and for what reason:		
Do you have any commitments to another employer that might affect your employment with us? <input type="checkbox"/> YES (Please explain) <input type="checkbox"/> NO		

Are you 19 years old or older? YES NO
 If less than 19, give date of birth. _____

Do you have a reliable means of transportation to & from work? YES NO

Do you have relatives working for LANTA: YES NO
 If yes, please complete below table:

NAME:	RELATIONSHIP	POSITION:

EDUCATION					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS	GRADUATE?	DEGREE/DIPLOMA
ELEMENTARY					
HIGH SCHOOL					
COLLEGE					
OTHER					

LIST THREE REFERENCES (PREVIOUS SUPERVISOR PREFERRED)

Name and Relationship	Occupation	Address	Telephone No.
Name and Relationship	Occupation	Address	Telephone No.
Name and Relationship	Occupation	Address	Telephone No.

EMPLOYMENT HISTORY

Present or Most Recent Employer:

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? YES NO
Name Title
Reasons for Leaving: _____

Prior Employer:

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? YES NO
Name Title
Reasons for Leaving: _____

Prior Employer:

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? YES NO
Name Title
Reasons for Leaving: _____

Have you ever served in the U.S. Military? YES NO

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____.

Special Training:

STATEMENT

I certify that the facts contained in this application are true. I understand that a false or misleading statement or omission during any interview of me or on this form may be a cause for rejection of my application or may be cause for my employment to be terminated. I understand that no representative of LANTA, has any authority to make any agreement with me for any specified period of time or to guarantee some job-related term or benefit. I understand that this entire statement (both paragraphs) applies to the period before and after I may become employed. I acknowledge that I have read and understand each of these paragraphs, as well as the entire Application form.

I understand that the use, possession, distribution, purchase or sale of illegal drugs and the illegal use of drugs is prohibited during employment by LANTA. I also understand that the use of alcohol or being under the influence of alcohol while at work is also prohibited. If LANTA requires, I am willing to submit to drug testing to detect use of illegal drugs or the illegal use of drugs prior to and/or during (if I am hired) employment. I am also willing to submit to alcohol testing.

Date: _____

Applicant's Signature _____

Applicant's Name _____

[PRINT]

RELEASE AND AUTHORIZATION TO CHECK APPLICANT'S CREDENTIALS

I authorize LANTA to perform all checks of my credentials and background as allowed by law, including, but not limited to, discussions with present and/or former supervisors, co-workers, friends, business associations and/or other individuals that LANTA, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize LANTA to perform the following additional check(s) of my credentials:

Please complete a separate release for each company, employer and the school that you have worked for or attended.

I also authorize such other investigation as LANTA and/or its agents and consumer reporting bureaus may require to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background, and I release all said persons, schools, companies, employers and law enforcement authorities from all liability for any damage whatsoever for issuing this information.

Please print

Applicant Name: _____ Date: _____

Signature: _____