



CITY OF LEBANON, NEW HAMPSHIRE

51 North Park Street
Lebanon, New Hampshire 03766

APPLICATION FOR EMPLOYMENT

Individuals requiring an accommodation in order to apply for a position or participate in the hiring process should timely contact Human Resources at 603.442.6109.

Please print or type all responses and complete the application in full. Incomplete applications may result in disqualification from consideration.

GENERAL INFORMATION

Date of Application: _____ (mm/dd/yyyy)

Position Applied For: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ (xxx-xxx-xxxx) Mobile Phone: _____ (xxx-xxx-xxxx)

Work Phone: _____ (xxx-xxx-xxxx) May we contact you at work? **Yes** [] **No** []

Email Address: _____

Have you ever been employed by the City of Lebanon? **Yes** [] **No** []

If answered 'yes' above, provide details below:

Title of Position Held and Department: _____

Dates of Employment (**S**tart/**E**nd Dates –mm/dd/yyyy): [**S**]_____ [**E**]_____

Reason(s) for Leaving: _____

(Attach additional sheets as necessary)

If you are under 18 years of age, can you provide proof of your eligibility to work? **Yes** [] **No** []

In accordance with the Immigration Reform and Control Act, can you provide proof that you are eligible to work in the United States? **Yes** [] **No** []

List any relatives currently working for the City of Lebanon; *attach additional sheets as necessary.*

Name	Position & Department	Relationship

EDUCATION

Did you receive a high school diploma or GED? **Yes** [] **No** []

Post Graduate Education:

Education	Institution Name and Address	Did You Graduate?	No. of Years Completed	Degree Conferred & Course(s) of Study (e.g., BA, English)
Undergraduate College/University		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		
Graduate College/University		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		
Professional/ Technical		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		
Other		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		

SKILLS, PROFESSIONAL LICENSES AND CERTIFICATIONS

Please list any other relevant licenses, certifications, knowledge and experience:

Professional license(s) or certification(s):

Equipment and/or machinery operation:

Software and/or Computers:

Other:

MILITARY EXPERIENCE

Have you served in the Armed Forces? **Yes** [] **No** []

If 'yes,' what branch? _____ Rank at Discharge: _____

Describe any training received which is relevant to the position for which you are applying:

EMPLOYMENT HISTORY

List all positions held, starting with your most recent position. This section must be completed in full, even if you are providing a resume. Do not state 'see resume.' Attach additional sheets as necessary.

Current Position/Most Recent Position

Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Position Held: _____ Dates of Employment:
From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Ending Salary: \$ _____

Job Duties: _____

Reason(s) for leaving: _____

Supervisor's Name: _____ Telephone: _____
(xxx-xxx-xxxx)

May we contact your present employer? Yes [] No []

EMPLOYMENT HISTORY, Continued

Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Position Held: _____ Dates of Employment:
From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Ending Salary: \$ _____

Job Duties: _____

Reason(s) for leaving: _____

Supervisor's Name: _____ Telephone: _____
(xxx-xxx-xxxx)

EMPLOYMENT HISTORY, Continued

Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Position Held: _____ Dates of Employment:
From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Ending Salary: \$ _____

Job Duties: _____

Reason(s) for leaving: _____

Supervisor's Name: _____ Telephone: _____
(xxx-xxx-xxxx)

EMPLOYMENT HISTORY, Continued

Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Position Held: _____ Dates of Employment:
From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Ending Salary: \$ _____

Job Duties: _____

Reason(s) for leaving: _____

Supervisor's Name: _____ Telephone: _____
(xxx-xxx-xxxx)

CRIMINAL HISTORY

Have you ever been convicted of a crime that has not been annulled by a court, or are you currently charged with or under investigation for a criminal matter? **Yes** [] **No** []

If "Yes," please explain in full (a current criminal charge/investigation and/or conviction will not automatically disqualify you from employment):

DRIVER INFORMATION

(Complete if Position Requires a Driver's License or CDL)

List all current and valid driver licenses held (*attach additional sheets as necessary*):

Issuing State: _____ Type: _____ Expiration Date: _____
(e.g., Operator, CDL-B)

Issuing State: _____ Type: _____ Expiration Date: _____
(e.g., Operator, CDL-B)

If a CDL holder, list endorsements, if any: _____

Provide motor vehicle accident record for the last 7 years. *Attach additional sheets as necessary.*

Date of Accident	Nature of Accident (e.g., head-on, rear-end, etc.)

Indicate all traffic convictions for the last 7 years (other than parking violations) and dates of all license suspensions or forfeitures for the last 7 years. *Attach additional sheets as necessary.*

Location	Date	Description

PROFESSIONAL REFERENCES

List 3 professional references, including at least 2 direct supervisors with personal knowledge of your work.

Name and Position Title	Company and Address	Telephone Number	Email Address

ADDITIONAL INFORMATION

Please use this section to provide any additional information you feel would be helpful when evaluating your application.

How did you learn of the employment opportunity for which you are applying?

City Website [] City Employee []
City Newsletter [] Other []
City LebAlert [] List: _____
Newspaper Ad []
Internet Website(s) []
List: _____

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY that all entries on this application for employment and attachments are true and complete and I agree and understand that any falsification of information herein, material half-truths, material misstatements or omissions, regardless of their time of discovery, may cause forfeiture on my part to any employment with the City of Lebanon. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application.

I AUTHORIZE the City of Lebanon to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records not annulled by a court. Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and other documents supplied by me, if any) to provide the City of Lebanon any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the City of Lebanon’s use only.

I RELEASE any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time happen to me as a result of compliance, or any attempts to comply with this authorization.

I FURTHER ACKNOWLEDGE that as a condition of employment, I may be required to undergo a pre-employment background check and/or examination, which may include, but not be limited to, a criminal history check, driver record check, and/or physical. I also acknowledge that in compliance with federal law, if I am hired by the City of Lebanon, I will be required to verify my identity and eligibility to work in the United States and to complete the required employment eligibility verification document form.

Applicant’s Signature

Date
(mm/dd/yyyy)

The City of Lebanon is an Equal Opportunity Employer