



CITY OF LEBANON
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

LAST NAME	FIRST	MI	POSITION(S) APPLIED FOR:	DATE OF APPLICATION
STREET ADDRESS			TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER
CITY	STATE	ZIP	REFERRAL SOURCE: <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other; please specify	E-MAIL: _____
			SALARY DESIRED: _____	

The City of Lebanon is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference or orientation, age (over 40), veteran status, non-job-related disability, or any other characteristic protected by law. Information provided on the application will not be used for any discriminatory purpose. Your completed application for will be maintained in our active files for two (2) years from the date of application.

Please read carefully and complete by printing in ink or typing.

PROVIDE ALL INFORMATION REQUESTED INCLUDING THOSE SECTIONS ON THE LEFT SIDE OF THIS PAGE.

NOTICE: THE CITY OF LEBANON IS A DRUG-FREE WORKPLACE. ALL APPLICANTS WHO HAVE BEEN EXTENDED AN OFFER OF EMPLOYMENT WILL BE TESTED FOR THE USE OF ILLEGAL DRUGS. ALL APPLICANTS WHO HAVE BEEN EXTENDED AN OFFER OF EMPLOYMENT WILL ALSO BE REQUIRED TO PASS A STATE POLICE CRIMINAL HISTORY BACKGROUND CHECK. IN ADDITION, ANY APPLICANT WHO HAS BEEN EXTENDED AN OFFER OF EMPLOYMENT FOR A POSITION INVOLVING INTERACTION WITH CHILDREN WILL BE REQUIRED TO PASS A PENNSYLVANIA STATE CHILD ABUSE HISTORY CLEARANCE.

SUBMISSION OF A RESUMÉ DOES NOT REPLACE COMPLETION OF THIS SECTION

EMPLOYMENT RECORD

**STARTING WITH THE PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS.
INCLUDE SELF-EMPLOYMENT. IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET.**

NAME OF COMPANY	TITLE OR JOB CLASSIFICATION <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
STREET ADDRESS	SUPERVISOR'S NAME AND TITLE PHONE NO.
CITY STATE ZIP	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?
STARTING SALARY: DATES WORKED	BRIEF DESCRIPTION OF JOB DUTIES
ENDING SALARY: FROM TO	
REASON FOR LEAVING	

NAME OF COMPANY	TITLE OR JOB CLASSIFICATION <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
STREET ADDRESS	SUPERVISOR'S NAME AND TITLE PHONE NO.
CITY STATE ZIP	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?
STARTING SALARY: DATES WORKED	BRIEF DESCRIPTION OF JOB DUTIES
ENDING SALARY: FROM TO	
REASON FOR LEAVING	

NAME OF COMPANY	TITLE OR JOB CLASSIFICATION <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
STREET ADDRESS	SUPERVISOR'S NAME AND TITLE PHONE NO.
CITY STATE ZIP	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?
STARTING SALARY: DATES WORKED	BRIEF DESCRIPTION OF JOB DUTIES
ENDING SALARY: FROM TO	
REASON FOR LEAVING	

ARE THERE ANY SHIFTS YOU ARE NOT WILLING TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
--

WILL YOU WORK OVERTIME, IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
--

DO WE HAVE PERMISSION TO CONTACT YOUR PRESENT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO WE HAVE PERMISSION TO CONTACT PREVIOUS SUPERVISORS? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER EMPLOYMENT RECORD SECTION.

NAME	STREET, CITY, STATE, ZIP	PHONE NO.	OCCUPATION

EDUCATIONAL/MILITARY EXPERIENCE

CIRCLE HIGHEST GRADE COMPLETED IN EACH CATEGORY:

ELEMENTARY/MIDDLE	HIGH SCHOOL	TECH SCHOOL	COLLEGE	GRAD SCHOOL
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4

SCHOOL NAME	LOCATION (CITY & STATE)	MAJOR COURSE OR SUBJECT	GRADUATED YES NO		DEGREE
HIGH SCHOOL					
TECHNICAL/TRADE					
COLLEGE (LIST ALL ATTENDED)					
GRADUATE WORK (IF ANY)					

MILITARY RECORD:	DATES OF DUTY	RANK AT DISCHARGE
BRANCH	FROM TO	
NATURE OF DUTIES		
SPECIAL TRAINING	<input type="checkbox"/> HONORABLE DISCHARGE	<input type="checkbox"/> OTHER, PLEASE EXPLAIN

CERTIFICATIONS/DESIGNATIONS/LICENSES

COURSE	CERTIFICATION/STATE	EXPIRATION DATE

SPECIAL SKILLS

_____ WORD PROCESSING LIST PROGRAM(S):	_____ TYPING WPM: _____	LIST OTHER SKILLS AND/OR SPECIAL TRAINING:
_____ SPREAD SHEET LIST PROGRAM(S):	_____ LANGUAGE(S) LIST LANGUAGE(S):	

MISCELLANEOUS

DO YOU HAVE ANY RELATIVE(S) EMPLOYED BY THE CITY OF LEBANON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE GIVE NAME	RELATIONSHIP
HAVE YOU BEEN CONVICTED, PLEADED GUILTY, OR <i>NOLO CONTENDERE</i> (NO CONTEST) TO A FELONY OR A MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE TYPE AND DATE OF CONVICTION _____	
(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.)	
WERE YOU PREVIOUSLY EMPLOYED BY THE CITY OF LEBANON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHEN AND IN WHAT DEPARTMENT:	
UNDER WHAT NAME:	

**AUTHORIZATION AND RELEASE OF PREVIOUS EMPLOYMENT,
CRIMINAL AND/OR MOTOR VEHICLE RECORDS CHECK**

I HEREBY AUTHORIZE ANY PREVIOUS EMPLOYERS WHO HAVE BEEN CONTACTED BY THE CITY OF LEBANON TO RELEASE PREVIOUS EMPLOYMENT INFORMATION IF SO AUTHORIZED UNDER "EMPLOYMENT RECORD". I HEREBY AUTHORIZE THE BUREAU OF POLICE OF THE CITY OF LEBANON, PA, TO FURNISH THE CITY OF LEBANON WITH ANY CRIMINAL AND/OR MOTOR VEHICLE RECORDS ON FILE IN THEIR BUREAU. I HEREBY AUTHORIZE THE CITY OF LEBANON TO REQUEST A CRIMINAL HISTORY BACKGROUND CHECK FROM THE FILES OF THE PA STATE POLICE CENTRAL REPOSITORY OR ANY OTHER STATE POLICE CENTRAL REPOSITORY. I HEREBY AUTHORIZE THE CITY OF LEBANON TO OBTAIN A PENNSYLVANIA DPW CHILD ABUSE HISTORY CLEARANCE. I HEREBY AUTHORIZE THE CITY OF LEBANON TO CONDUCT MUNICIPAL POLICE AND MAGISTERIAL RECORD INVESTIGATIONS. I HEREBY RELEASE THE AFOREMENTIONED AGENCIES FROM ANY CLAIMS, DEMANDS, OR RIGHT(S) I MAY HAVE AGAINST THEM AS A RESULT OF THESE RECORDS CHECKS.

DATE	SIGNATURE	PRINTED NAME
------	-----------	--------------

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

STATE IN WHICH LICENSED: _____

WHAT IS THE NUMBER? _____

WHAT IS THE CLASS? _____

WHAT IS THE EXPIRATION DATE? _____

CAN YOU DRIVE A MANUAL TRANSMISSION? YES NO

APPLICANT CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY THAT THE ANSWERS AND ANY OTHER INFORMATION ON THIS APPLICATION ARE TRUE AND CORRECT AND THAT I UNDERSTAND ANY MISREPRESENTATION OR OMISSION OF FACTS ON MY PART WILL BE JUSTIFICATION FOR TERMINATION FROM THE CITY OF LEBANON IF I AM EMPLOYED.

I HEREBY AUTHORIZE THE CITY OF LEBANON TO INVESTIGATE MY PREVIOUS RECORD OF EMPLOYMENT OR EDUCATIONAL EXPERIENCE TO VERIFY ANY OF THE STATEMENTS MADE ON MY APPLICATION AND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

I UNDERSTAND THAT NOTHING IN THIS APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE A GUARANTEE OF EMPLOYMENT, OR AN EMPLOYMENT CONTRACT BETWEEN THE CITY OF LEBANON AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT.

IN THE EVENT THAT I AM OFFERED AND ACCEPT A POSITION WITH THE CITY OF LEBANON, I UNDERSTAND THAT I AM EXPECTED TO COMPLY WITH CITY OF LEBANON POLICIES AND OTHER COMMUNICATIONS DISTRIBUTED TO EMPLOYEES. I ACKNOWLEDGE THAT THE CITY OF LEBANON RESERVES THE RIGHT TO AMEND OR MODIFY THE POLICIES IN ITS EMPLOYEE PERSONNEL MANUAL AND OTHER POLICIES AT ANY TIME, FOR ANY REASON, WITHOUT PRIOR NOTICE.

SUBSEQUENT TO AN OFFER OF EMPLOYMENT, I HEREBY AGREE TO SUBMIT TO MEDICAL EXAMINATIONS AND TESTS, INCLUDING DRUG OR ALCOHOL TESTS, AS MAY BE REQUIRED BY THE CITY OF LEBANON. I HEREBY RELEASE THE CITY OF LEBANON FROM ANY LIABILITY FROM ITS USE OF THESE EXAMINATIONS, TESTS OR RELATED REPORTS IN CONNECTION WITH MY APPLICATION AND/OR EMPLOYMENT, OR WITH REGARD TO THE DEFENSE OF ANY LEGAL ACTION OR PROCEEDING.

_____ DATE	_____ SIGNATURE	_____ PRINTED NAME
---------------	--------------------	-----------------------

NOTE: IF YOU ARE EMPLOYED BY THE CITY OF LEBANON, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION OF YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AS REQUIRED BY FEDERAL LAW.

IF ANY OF YOUR CRIMINAL, MOTOR VEHICLE, EDUCATIONAL, OR EMPLOYMENT RECORDS ARE UNDER OTHER THAN THE ABOVE NAME, PLEASE PROVIDE OTHER NAME(S) AND INDICATE WHICH RECORD:

PLEASE LIST HOME ADDRESSES FOR THE PAST SEVEN YEARS OTHER THAN THE ADDRESS LISTED ON PAGE 1 OF THIS APPLICATION, OR ANY OUT OF STATE ADDRESSES:

