

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 603-448-0683.

Please print or type all responses and complete the application in full. Incomplete applications may result in disqualification from consideration. Additional sheets may be attached for <u>any</u> section, as necessary

GENERAL INFORMATION					
Date of Application: Position Applied For:		l/yyyy) ********			
Name:					
Address:					
Address:City:	State:	Zip Coo	de:		
Home Phone: Work Phone:	(xxx-xxx-xxxx)	Mobile Phone:	(xxx-xxx-xxxx)		
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 Departm Dates of Employment (<u>S</u> tart/ <u>E</u> nd Reason(s) for Leaving:	ent: Dates –mm/dd/	yyyy): [S]	[E]		
Reason(s) for Leaving:					
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	n & Department	Relationship		
	1				

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		EDUCATION		
Did you receive a hig	gh school diploma or GED?	Yes []	No[]	
Post Graduate Educ	ation:			
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 [] No []		
Graduate College/University		Yes [] No []		
Professional/ Technical		Yes [] No []		
Other		Yes[]No[]		
	CVII I C PROFECCION	AL LIGENGES AND		STANCE OF THE ST
	SKILLS, PROFESSION			
•	ner relevant licenses, ce	ertifications, know	ledge and exp	erience:
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 (attach additional sheets as necessary):				

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EMPLOYMENT HISTORY

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

For applicants with <u>no employment history</u>, please check here: N/A

Current Position/Most Recent Position

Company:		
Address:	Q	Zip Code:
City:	State:	Zip Code:
**************************************		****** Dates of Employment:
		From: To:
		From:To:mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy (or 'Present')
		Ending Salary: \$
Job Duties:		
***********	******	*****************
Reason(s) for leaving:		
Supervisor's Name:		Telephone:(xxx-xxxx)
May we contact your present employ	yer? Yes[]	No []
T	MDI OVMENT HIST	ODV Continued
<u>E.</u>	MPLOYMENT HISTO	OKY, Continued
Company:		
Address:	Chaha	Zip Code:
City:	State:	Zip Code:
**********	*******	******************
Position Held:		Dates of Employment:
		From:To: mm/dd/yyyy mm/dd/yyyy
		mm/dd/yyyy mm/dd/yyyy
		Ending Salary: \$
Job Duties:		

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	EMPLOYMENT HIST	ORY, Continued
Company:		
Address:		
Address:City:	State:	Zip Code:
********	*******	************
Position Held:		Dates of Employment:
		From:To:mm/dd/yyyy
		mm/dd/yyyy mm/dd/yyyy
		Ending Salary: \$
Job Duties:		
*******	*******	************
Reason(s) for leaving:		
Supervisor's Name		Telephone:
Supervisor's Ivame		(xxx-xxx-xxxx)
		(mm mm)
	EMPLOYMENT HIST	ORY, Continued
Componen		
Company:		
Company:Address:	State	Zin Code:
Address:City:	State:	Zip Code:
Address:	State:	Zip Code:
Address:City:	State:	Zip Code: *******************************
Address:	State:	Zip Code: *******************************
Address:	State:	Zip Code: *******************************
Address:	State:	Zip Code: *******************************
Address:	State: *************	Zip Code: *******************************
Address:City:	State: *************	Zip Code: *******************************
Address:City:	State: *************	Zip Code: *******************************
Address:	State:	Zip Code: *******************************
Address:	State: ********************************	Zip Code: *******************************
Address:	State: ********************************	Zip Code: *******************************
Address:	State: ********************************	Zip Code: *******************************

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			L HISTORY		
Have you ever been convicted	ed of a crim	e that has not be	en annulled by a co	urt, or ar	e you currently charged
with or under investigation:	for a crimii	nal matter? Yes	[] No []		
If "Yes," please explain in full below (a current criminal charge/investigation and/or conviction will not					
automatically disqualify you	from emp	loyment). <i>Attach</i>	additional sheets o	as necesso	ıry.
		DRIVER INI	FORMATION PROPERTY OF THE PROP		
			es a Driver's Lice		
List all current and valid dri	ver license	s held (<i>attach</i> ad	lditional sheets as n	ecessary):
Issuing State:		Typ	oe:	Ex	xpiration Date:
S		(e.g	g., Operator, CDL-B)	
		` ` `	,		
Issuing State:		Tvr	oe:	Ex	oriration Date:
Issuing State:		(e.s	g. Operator, CDL-B)	-p.11411011 2 4101
		(0.8	s., operator, edd b	,	
If a CDL holder, list endorse	ments if a	nv•			
ii d CDL Holder, list chaorse	ments, n a				
Provide motor vehic	la accident	record for the las	et 7 voors Attach ac	dditional	choote ae nocoscami
Date of Accident			re of Accident (e.g.,		
Date of Accident		Natu	re of Accident (e.g.,	, fieau-on,	, rear-end, etc.)
Indicate all traffic convi					
suspensions or	r f <u>orfeiture</u>	s for the <u>last 7 ye</u>	ars. Attach additior	na <u>l sheets</u>	as necessary.
Location		D	Date		Description
					-
	<u> </u>				
<u></u>					
			L REFERENCES		
List 3 professional refere	ences, inclu	ding <u>at least 2</u> di	rect supervisors wit	h persona	al knowledge of your work.
					/. 5 7
For appl	licants with	n no employmen	t history, please che	eck here: .	N/A[]
	•				
Name and Position Title	Company	and Address	Telephone Numb	er	Email Address
	•		i		1

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

How did you learn of the employment opportunity for which	ch you are applying?				
City Website []	City Employee []				
City Newsletter []	Other []				
City LebAlert [] Newspaper Ad []	List:				
Internet Website(s) []					
List:					
CERTIFICATION AN	D ACDEEMENT				
<u>CERTIFICATION AN</u>	DAGREEWENT				
PLEASE READ CAREFUL	LY BEFORE SIGNING				
I CERTIFY that all entries on this application for employ	ment and attachments are true and complete and I				
agree and understand that any falsification of information or omissions, regardless of their time of discovery, may can	nerein, material nair-truths, material misstatements use forfeiture on my part to any employment with the				
City of Lebanon. I understand that all information on this					
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	ng to my activities. This information may include, but				
is not limited to, academic, residential, achievement, perfo					
and conviction records not annulled by a court. Further, I current employer (if applicable), and previous employers a					
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,					
kind or nature which may, at any time happen to me as a result of compliance, or any attempts to comply with this authorization.					
this authorization.					
I FURTHER ACKNOWLEDGE that as a condition of en					
employment background check and/or examination, which	· · · · · · · · · · · · · · · · · · ·				
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				
11pp nount o orginituro	(mm/dd/yyyy)				
The City of Lebanon is an Equ	al Opportunity Employer				

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