

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: | (mm/dd | /yyyy) | **** | *** | | | |
|---|--|--|------------------------|------|--|--|--|
| Name: Address: City: | | | | | | | |
| City: | State: | Zip Cod | le: | | | | |
| Home Phone: Work Phone: Email Address: | (xxx-xxx-xxxx) | Mobile Phone: May we contact you at | t work? Yes [] No [] | ·** | | | |
| If answered 'yes' above, provide de | Have you ever been employed by the City of Lebanon? Yes [] No [] <u>If answered 'yes' above, provide details below:</u> Title of Position Held and Department: Dates of Employment (<u>S</u> tart/ <u>E</u> nd Dates -mm/dd/yyyy): [S] [E] | | | | | | |
| Reason(s) for Leaving: (Attach additional sheets as necessary) | | | | | | | |
| **** | (Attach additio | onal sheets as necessary | y) *********** | ·*** | | | |
| If you are under 18 years of age, car In accordance with the Immigratio work in the United States? Yes [| n Reform and Co | | | ·*** | | | |
| List any relatives currently working for the City of Lebanon; attach additional sheets as necessary. | | | | | | | |
| Name | Position | a & Department | Relationship | | | | |
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| 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 [] No [] | | | | |
| Graduate College/University | | Yes [] No [] | | | | |
| Professional/ Technical | | Yes [] No [] | | | | |
| Other | | Yes [] No [] | | | | |
| L | | | | | | |
| | SKILLS, PROFESSIONA | AL LICENSES AN | D CERTIFICAT | TIONS | | |
| Please list any oth | er relevant licenses, ce | rtifications, know | ledge and exp | erience: | | |
| Professional license(| s) or certification(s): | | | | | |
| Equipment and/or m | nachinery operation: | | | | | |
| Software and/or Con | nputers: | | | | | |
| Other: | | | | | | |
| | | | | | | |
| MILITARY EXPERIENCE | | | | | | |
| Have you served in the | ne Armed Forces? Ye | s[] No[] | | | | |
| If 'yes,' what branch? Rank at Discharge: | | | | | | |
| Describe any training received which is relevant to the position for which you are applying (<i>attach additional sheets as necessary</i>): | | | | | | |
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| Ē | 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>n</u> | For applicants with <u>no employment history</u> , please check here: N/A [] | | | | | |
| Current | t Position/Mos | t Recent Position | | | | |
| Company: | | | | | | |
| Address: | | | | | | |
| City: | State: | Zıp Code: | | | | |
| Position Held: | | Dates of Employment: | | | | |
| | | From:To:To: | | | | |
| | | mm/dd/yyyy mm/dd/yyyy (or 'Present') | | | | |
| | | Ending Salary: \$ | | | | |
| Job Duties: | | | | | | |
| | | | | | | |
| | * | | | | | |
| Reason(s) for leaving: | | | | | | |
| Supervisor's Name | | Telephone | | | | |
| Supervisor's Name: Telephone: (xxx-xxx-xxxx) | | | | | | |
| May we contact your present employer? | Yes [] | No [] | | | | |
| EMPLO | DYMENT HIST | ORY, Continued | | | | |
| Company: | | | | | | |
| Address: | | | | | | |
| City: | State: | Zip Code: | | | | |
| | | Detec of Development | | | | |
| Position Held: | | Dates of Employment: From: To: | | | | |
| | | From:To: mm/dd/yyyy mm/dd/yyyy | | | | |
| | | Ending Salary: \$ | | | | |
| Job Duties: | | | | | | |
| 505 Duties | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| Reason(s) for leaving: | | | | | | |
| | | | | | | |
| Supervisor 5 manie | | Telephone: (xxx-xxx-xxxx) | | | | |
| | | | | | | |

| | EMPLOYMENT HISTO | DRY, Continued |
|--|------------------|--|
| Company: Address: City: | | |
| ***** | ****** | *************************************** |
| Position Held: | | Dates of Employment: From:To: mm/dd/yyyy mm/dd/yyyy Ending Salary: \$ |
| Job Duties: | | |
| ************************************** | | |
| 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/y | ууу | |
| | | Ending Salary: \$ | | |
| Job Duties: | | | | |
| ************************************** | | | | |
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| | | CRIMINA | L 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 below (a current criminal charge/investigation and/or conviction will not automatically disqualify you from employment). <i>Attach additional sheets as necessary</i> . | | | | | | |
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| | | DRIVER INI | FORMATION | | | |
| (Com | plete if I | | es a Driver's Lic | ense or CDL) | | |
| List all current and valid dri | ver license | es held (<i>attach̄ ad</i> | ditional sheets as n | ecessary): | | |
| Issuing State: | | Тур | e: | Expiration Dat | te: | |
| | | (e.g | ., Operator, CDL-B | | | |
| T C C | | т | | | | |
| Issuing State: | · · · · · · · · · · · · · · · · · · · | Typ | e: | Expiration Dat | te: | |
| | | (e.g | ,, Operator, CDL-B |) | | |
| If a CDL holder, list endorse | monts if | anv | | | | |
| if a CDL fiolder, list chuorse | , incints, ii (| any | | | | |
| | | | | | | |
| Provide motor vehic | le accident | t record for the las | st 7 years. Attach ad | lditional sheets as neo | cessary. | |
| Date of Accident | | | | head-on, rear-end, et | | |
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| Indicate all traffic convi | | | 1 0 | - | | |
| | <u>torfeiture</u> | | | al sheets as necessar | | |
| Location | | D | ate | Descript | tion | |
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| | - | DDOFECCIONA | DEEEDENGEG | | | |
| PROFESSIONAL REFERENCES | | | | | | |
| List 3 professional references, including <u>at least 2</u> direct supervisors with personal knowledge of your work. | | | | | | |
| For applicants with no employment history, please check here: N/A [] | | | | | | |
| | | | | | | |
| Name and Position Title | Compan | y and Address | Telephone Numb | er Email Addı | ress | |
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| | | ADDITIONAL INFORMATION | | | |
|--------------------------------------|--------------|--|-----------|-----------|--------------|
| Please use this section application. | n to provide | e any additional information you feel would be | e helpful | when eval | luating your |
| | | | | | |
| | | | | | |
| **** | ***** | ****** | ***** | ·*** | *** |
| How did you learn of | f the employ | yment opportunity for which you are applying? | | | |
| City Website City Newsletter | [] | City Employ Other | | [] | |
| City LebAlert Newspaper Ad | [] | List | : | | |
| 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 preemployment 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