



# 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. Additional sheets may be attached for any section, as necessary

### 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: \_\_\_\_\_

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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 (Start/End Dates –mm/dd/yyyy): [S] \_\_\_\_\_ [E] \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

*(Attach additional sheets as necessary)*

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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 [ ]

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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		<b>Yes</b> [ <input type="checkbox"/> ] <b>No</b> [ <input type="checkbox"/> ]		
Graduate College/University		<b>Yes</b> [ <input type="checkbox"/> ] <b>No</b> [ <input type="checkbox"/> ]		
Professional/Technical		<b>Yes</b> [ <input type="checkbox"/> ] <b>No</b> [ <input type="checkbox"/> ]		
Other		<b>Yes</b> [ <input type="checkbox"/> ] <b>No</b> [ <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 (*attach additional sheets as necessary*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

For applicants with no employment history, please check here: N/A [ ]

**Current Position/Most Recent Position**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Position Held: \_\_\_\_\_ Dates of Employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy  
(or 'Present')  
Ending Salary: \$ \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 below (a current criminal charge/investigation and/or conviction will not automatically disqualify you from employment). *Attach additional sheets as necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

*For applicants with no employment history, please check here: N/A [ ]*

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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***