



APPLICATION FOR EMPLOYMENT

The City of Lebanon is an Equal Opportunity Employer
The City of Lebanon participates in the federal E-Verify work authorization program

HUMAN RESOURCES

401 S. Jefferson
PO Box 111, LEBANON, MO 65536
www.lebanonmissouri.org
VOICE: (417) 532-2156 FAX: (417) 532-8388 TTY: Dial 711 (Relay MO Services)

THE CITY OF LEBANON REQUIRES PRE-EMPLOYMENT DRUG TESTING

This application form may be downloaded to your computer and information typed in most fields. To submit this application you may either 'Print' and bring it to City Hall or perform a 'Save As' and then send the document in an e-mail to hr@lebanonmo.org as an attachment.

Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing the application.

CITY OF LEBANON

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

PO Box 111
Lebanon, Missouri 65536

Fax (417) 532-8388
www.lebanonmissouri.org

GENERAL	Name: Last First Middle			Date of Application
	Address: Number and Street			Home Telephone No. (Include Area Code)
	City, State, and Zip Code			Work Telephone No. (Include Area Code)
	Have you ever been employed under another name? If yes, please list the name(s). <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number
	Have you ever been convicted of a felony? If yes, please list date of conviction and offense. <input type="checkbox"/> Yes <input type="checkbox"/> No			E-mail Address
	List people related to you in any way who are employed by the City of Lebanon and give relationship.			Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Citizenship or Immigration Status will be required upon employment
	Type of work preferred or position applied for:			Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Available For Work	Salary Requirement	Do you restrict your availability to specific hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you restrict your availability to specific days of the week? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Specify hours and days: _____	
	List any and all skills or qualifications which you feel would qualify you for the position(s) applied for:			
	Drivers License No.	State	Class	Endorsements
Have you ever been employed by the City of Lebanon? If yes, please list position and dates: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your primary residence is outside a 50 mile radius of the city limits, are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Office use only:

J#

EDUCATION	TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR SUBJECT	CIRCLE YEARS COMPLETED				DEGREE	# OF YEARS ATTENDED
	Elementary School			5	6	7	8		
	High School			9	10	11	12		
	College			1	2	3	4		
	College			1	2	3	4		
	Post Graduate Education			1	2	3	4		
	Business or Technical School			1	2	3	4		
	Correspondence or Night School			1	2	3	4		
	If no degree, list total credit hours recognized by college you attended								

Have you served with the Armed Forces of the United States? Yes No If yes, what branch _____

Date of enlistment _____ Date of Discharge _____
 Month Day Year Month Day Year

Rank attained _____ Type of Discharge _____

Current Reserve Obligation _____

List special training received while in the Armed Forces? _____

REFERENCES

List names of two persons (not relatives or former employers) who have known you for the past five years.

Name	City,	State,	Zip	Telephone Number	Occupation
Name	City,	State,	Zip	Telephone Number	Occupation

EMPLOYMENT HISTORY

PRESENT OR LAST	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					
PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					
PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					
PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					
PREVIOUS	Employer Name		Employer Address, City, State, Zip Code			
	Position Title		Start Date	Leaving Date	Reason for leaving	
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities					

PREVIOUS	Duties and Responsibilities				
	Employer Name		Employer Address, City, State, Zip Code		
	Position Title		Start Date	Leaving Date	Reason for leaving
	Supervisor's Name	Supervisor's Title	Supervisor's Phone Number	Starting Salary	Final Salary
Duties and Responsibilities					

Use this space for comments or information not covered elsewhere

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS APPLICAITON

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from the selection process or dismissal from City employment.

I authorize the persons, employers, and agents of employers listed on this application and all attachments to give you any and all information concerning any previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I authorize investigation of all statements contained in this application and authorize the investigation of all matters contained in this application and hereby give the City of Lebanon permission to contact any party that may have information about my work record, educational history, military record, financial record, criminal record, general reputation, and past or present medical record and condition.

In consideration of my employment, I agree to conform to the personnel policies and rules and regulations of the City of Lebanon, and my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either the City or myself. I understand that no City employee has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that pre-employment drug testing as well as drug testing and physical examinations after employment may be required as a condition of employment depending on the nature of the job for which I submitted this application.

I understand that continued employment may be based on the successful passing of job related physical and psychological examinations depending on the nature of the job for which I submitted the application.

I understand this application may be used to apply for any job with the City of Lebanon. To be considered for another position at a later date, I understand I must notify Human Resources in writing stating my name, when I submitted this application, a telephone number where I can be reached during the day, and the position in which I am interested.

I hereby waive all rights to access or review of any information granted to me by the Privacy of Information Act. This waiver of access includes all information the City obtains through out the application and selection process.

Date

Signature of Applicant

City of @VUbc b

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

The City of Lebanon considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Applicant Name _____ Telephone _____

Last
First
Middle
Area Code
Number

Address _____

Street
City
State
Zip Code

Date _____
 Name of Source (if applicable) _____

Referral Source:

Advertisement Employee Relative

Walk-in School Missouri Job Service

Employment Agency Other _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Group

Black Hispanic White Asian/Pacific Islander American Indian/Alaskan Native

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

To be completed by applicant – Not for interview purposes – Will be filed separately from application.

This information is used for Affirmative Action purposes 'Ug'k Y''Ug'W'a d'm]b['k]R 'GHU'UbX' : YXYfU`Uk g'UbX'fY[i `U]cbg"