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CITY OF LEBANON, MISSOURI • INCORPORATED 1877

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 email 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.

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Application for Employment
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PO Box 111
Lebanon, Missouri 65536

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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)			Yes	No	Social Security Number
	Have you ever been convicted of a felony? If yes, please list date of conviction and offense.			Yes	No	Email 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? Yes 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? Yes No		
	Date Available for Work	Salary Requirements	Do you restrict your availability to specific hours? Yes No Do you restrict your availability to specific days of the week? Yes 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	License Expiration Date	
Have you ever been employed by the City of Lebanon? If yes, please list position and dates:						
If your primary residence is outside a 50 mile radius of the city limits, are you willing to relocate? Yes No						
Office use only:						

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									

Rank attained _____	Type of Discharge _____				
Have you served with the Armed Forces of the United States? Yes No If yes, what branch _____					
Current Reserve Obligation _____					
Date of enlistment _____			Date of Discharge _____		
Month	Day	Year	Month	Day	Year
List special training received while in the Armed Forces					
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		Employment History						
		Employer Name			Employer Address, City, State, Zip code			
Position Title		Start Date		Leaving date	Reason for leaving			
Supervisors Name		Supervisors Title		Supervisors 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	
		Supervisors Name		Supervisors Title		Supervisors 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	
		Supervisors Name		Supervisors Title		Supervisors 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	
		Supervisors Name		Supervisors Title		Supervisors 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	
		Supervisors Name		Supervisors Title		Supervisors 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
	Supervisors Name	Supervisors Title	Supervisors 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 APPLICATION

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 Lebanon

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

The City of Lebanon considers applicants for all positions with regard of race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Applicant Name	Telephone
Last	Area Code
First	Number
Middle	
Address	City
Street	State
	Zip Code
Date	Referral Source
Name of Source (if applicable)	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 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 as well as complying with State and Federal Laws and regulations.