



**LEBANON**  
M I S S O U R I

*Friendly people. Friendly place.®*

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](http://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 preform a 'Save As' and then send the document in an email to [hr@lebanonmo.org](mailto: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? Yes No If yes, please list the name(s)			Social Security Number	
	Have you ever been convicted of a felony? Yes No If yes, please list date of conviction and offense.			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  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

References

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

<b>Employment History</b>						
<b>Previous or Last</b>	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					
<b>Previous</b>	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					
<b>Previous</b>	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					
<b>Previous</b>	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					
<b>Previous</b>	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

\_\_\_\_\_

\_\_\_\_\_

