



LEBANON
historic charm. reimagined.

50 South Broadway
Lebanon, Ohio 45036
www.lebanonohio.gov

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer.

PLEASE PRINT CLEARLY

| | | | |
|-------------------------|---------------|------------------------|----------------|
| Position(s) Applied For | | Date of Application | |
| | | | |
| Last Name | First Name | Middle Name | |
| | | | |
| Address | Street | City | State Zip Code |
| | | | |
| Telephone Number(s) | Email Address | Social Security Number | |
| | | | |

How Did You Learn About Us?

☐ Advertisement

☐ Walk-In

☐ City of Lebanon website

☐ Social Media

☐ Employment Agency

☐ Other _____

Are you over the age of 18?

☐ yes

☐ no

Have you ever filed an application with us before?

☐ yes

☐ no

If yes, please provide date(s) _____

Have you ever been employed with us before?

☐ yes

☐ no

If yes, please provide dates _____

Will you work:

Days

☐ yes

☐ no

Evenings

☐ yes

☐ no

Weekends

☐ yes

☐ no

Overtime hours

☐ yes

☐ no

Are you currently employed?

☐ yes

☐ no

On what date would you be available to start work?

EDUCATION

| | Name and Location of School | Course of Study | Years Completed | Diploma/Degree |
|-----------------|-----------------------------|-----------------|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Other (specify) | | | | |

Describe any specialized training or skills that you feel we should be aware of in considering your application:

EMPLOYMENT HISTORY (This section must be completed even if a resume' is submitted)

Start with your current or most recent employer.

| | | | | |
|---|-----------------|--|--|-----------------------|
| Employer | | Dates Employed From To | | Work Performed |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary Start Final | | |
| Job Title | Supervisor Name | | | |
| Reason for Leaving (quit, terminated, laid off) | | | | |
| | | | | |
| Employer | | Dates Employed From To | | Work Performed |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary Start Final | | |
| Job Title | Supervisor Name | | | |
| Reason for Leaving (quit, terminated, laid off) | | | | |
| | | | | |
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| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary Start Final | | |
| Job Title | Supervisor Name | | | |
| Reason for Leaving (quit, terminated, laid off) | | | | |

Are you known to schools/references/employers by another name? ☐ yes ☐ no

If yes, please indicate the name: _____

EMPLOYMENT REFERENCES

List at least 4 references who are familiar with your employment record and performance. Do not include family members.

| Name | Position or Title | Address | Phone Number |
|------|-------------------|---------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Driver's License Number _____ State _____

Have you had a vehicle accident of any type within the past 3 years? ☐ yes; ☐ no; If yes, please provide dates and details: _____

ACKNOWLEDGMENT

I hereby certify and affirm that all responses I give during the employment application process are true and complete. I understand those responses are subject to verification. Any falsification, misrepresentation, or omission on this form or in any response during the interview process may disqualify me from employment or subject me to immediate termination, whenever it is discovered. If an item is left blank on this application, it is because there is no information within its scope.

I authorize the City to conduct a thorough background check of me including all statements, written or oral, made by me during the employment application process, including information concerning my employment positions, educational background, law enforcement record and driving record.

I understand that a drug screen may be required before a contingent offer of employment is made. Additionally, I understand that I may be required to take a medical examination and/or other applicable tests if I receive a contingent offer of employment and I agree to the conducting of any such drug screen and will fill in any necessary paperwork for it.

I can provide legally required legal documentation permitting me to immediately work in the USA. If I fail to provide the legal documentation, I will be terminated from my employment.

If employed by the City, my employment is at-will so either I or the City may terminate my employment at any time and for any or no reason. Nothing contained in this application or anything stated during the employment application/interview process or anything set forth in any oral or written communication now or in the future creates (or is intended to create) a contract for employment, hours of work, or the providing of benefits. No promises regarding potential employment have been made to me and I agree that no representations regarding potential employment are binding on the City of Lebanon unless those representations are specific promises in writing, signed by me and the City Manager, and that any such writing states the employment relationship is not "at-will" and details the new employment relationship and any specific promise(s) or representations regarding such new relationship.

Signature of Applicant _____

Date _____

AFFIRMATIVE ACTION DATA RECORD

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Governmental record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following.

| | |
|---------------------------|--|
| Title of Job Applied for: | |
|---------------------------|--|

RACE (check one)

- ☐ White-origins in Europe, North Africa or Middle East
- ☐ Asian-origins in Far East, S.E. Asia, India or Pacific Islands
- ☐ Black-origins in Africa
- ☐ Hispanic-Mexican, Puerto Rican, Cuban, Central or South American
- ☐ American Indian-origins in North America, to include Alaska

PHYSICAL CONDITION

- ☐ No Disability
- ☐ Physically Disabled (No Facility Modification)
- ☐ Physically Disabled (Facility Modification)
- ☐ Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- ☐ Mentally Disabled (Learning Disabled)

SEX

- ☐ Male
- ☐ Female

VETERANS/U.S. MILITARY STATUS

- ☐ Non-Veteran
- ☐ Pre-Vietnam Veteran
- ☐ Pre-Vietnam Veteran with service incurred disability
- ☐ Vietnam Era Veteran (8/5/64) to (5/7/75)
- ☐ Vietnam Era Veteran with service incurred disability
- ☐ Post Vietnam Veteran
- ☐ Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD OR RESERVIST (check one)

- ☐ Yes
- ☐ No

INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE