

**HR FAX 615-443-2844**  
**HR Email [careers@lebanontn.org](mailto:careers@lebanontn.org)**

**CITY OF LEBANON**  
**EMPLOYMENT APPLICATION**  
**An Equal Opportunity / Affirmative Action Employer**

In compliance with Federal and State Equal Employment Laws, Equal opportunity will be afforded to all applicants regardless of race, color, sex, age, religious creed, disability, national origin, ancestry, sexual orientation, marital status, ex-offender status, prior psychiatric treatment, or military status. Failure to provide requested information or failure to complete this application in its entirety may disqualify you for consideration for this position.

**PERSONAL DATA**

PRINT AND COMPLETE ALL INFORMATION ON ALL PAGES OF THIS APPLICATION. YOU MAY ATTACH YOUR RESUME AND COVER LETTER BUT PLEASE DO NOT LEAVE ANY BLANKS OR INDICATE "SEE RESUME".			
NAME: LAST		FIRST:	MIDDLE INITIAL:
DATE OF APPLICATION:		DATE AVAILABLE TO START WORK:	
POSITIONS APPLIED FOR. Please only apply to positions for which you are qualified. Applications are only considered for active job postings. 1. 2. 3.			
ADDRESS: STREET		CITY:	STATE: ZIP CODE:
HOME PHONE: (AREA CODE & NUMBER)		CELL PHONE	
EMAIL ADDRESS		BEST TIME AND PREFERRED METHOD OF CONTACT	
HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF LEBANON? YES _____ NO _____			
IF SO, WHEN _____ POSITION _____			
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____			
VETERAN OF U.S. ARMED FORCES? YES _____ NO _____			

**EDUCATION**

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED				DID YOU GRADUATE?	DIPLOMA OR DEGREE
			1	2	3	4		
HIGH SCHOOL OR EQUIVALENT								
COLLEGE OR UNIVERSITY								
GRADUATE SCHOOL								
OTHER								
ADDITIONAL TRAINING OR SKILLS (LANGUAGES, COMPUTER SKILLS, SPECIAL LICENSES, PROFESSIONAL CERTIFICATIONS, ETC.):								

**DRIVER'S LICENSE INFORMATION**

(The majority of our positions require a valid Tennessee Driver's License, and many require a (CDL) Commercial Driver's License.)

I CERTIFY THAT I HAVE A VALID TENNESSEE DRIVER'S LICENSE (√ one) YES _____ NO _____ I CERTIFY THAT I HAVE A VALID TENNESSEE COMMERCIAL DRIVER'S LICENSE (√ one) YES _____ NO _____ PRINT TENNESSEE DRIVER'S LICENSE NUMBER _____ EXPIRATION DATE _____
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**EMPLOYMENT HISTORY**

PLEASE LIST YOUR MOST RECENT POSITION FIRST AND ACCOUNT FOR ALL PERIODS OF TIME. YOU MAY INCLUDE VOLUNTEER, INTERNSHIP, OR MILITARY EXPERIENCE.

EMPLOYERS NAME	FROM MO/YR	TO MO/YR	# OF HOURS WK	STARTING SALARY	FINAL SALARY
NUMBER & STREET			REASON FOR LEAVING		
CITY & STATE & ZIP CODE			SUPERVISOR		
AREA CODE & PHONE NUMBER			TITLE/DUTIES PERFORMED:		
MAY WE CONTACT THIS EMPLOYER? Y _____ N _____					
EMPLOYERS NAME	FROM MO/YR	TO MO/YR			
NUMBER & STREET			REASON FOR LEAVING		
CITY & STATE & ZIP CODE			SUPERVISOR		
AREA CODE & PHONE NUMBER			TITLE/DUTIES PERFORMED:		
MAY WE CONTACT THIS EMPLOYER? Y _____ N _____					
EMPLOYERS NAME	FROM MO/YR	TO MO/YR			
NUMBER & STREET			REASON FOR LEAVING		
CITY & STATE & ZIP CODE			SUPERVISOR		
AREA CODE & PHONE NUMBER			TITLE/DUTIES PERFORMED:		
MAY WE CONTACT THIS EMPLOYER? Y _____ N _____					

**REFERENCES**

**Please list three professional, work related references. These individuals must not be related to you.**

Name	Email Address	Phone	Company Name	Business Relationship (supervisor, peer, subordinate)	Years Known

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize The City of Lebanon to verify their accuracy and to obtain reference information on my work performance. I will, upon request, sign all necessary consent, authorization and release forms.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand and agree that upon request by my employer and when applicable at any time during the term of my employment, I must present evidence of a valid driver's license and that upon request, I will sign all necessary authorization and release forms to consent to a driver's license and motor vehicle record check with the appropriate authorities.

I understand that I may be required to take a drug test as part of the application process, as a condition of employment, or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.

I understand that this application will be kept active for 30 days from the date completed, after which time I would have to re-apply in accordance with established company procedures.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE