

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS
CONTAINED ON THE ENTIRE APPLICATION FORM

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____

MIDDLE INITIAL: _____

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

SOCIAL SECURITY NUMBER (optional): _____

ARE YOU AN ADULT? YES: ___ NO: ___

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK
EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE.
BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF
NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE
GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: ___ NO: ___

ADDRESS: _____

PHONE NUMBER: _____

VILLAGE OF SOUTH LEBANON

APPLICATION FOR EMPLOYMENT

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DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS,
PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION
ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS
COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND
ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE
POSITION.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? ____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? ____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

DATES OF ATTENDANCE FOR COLLEGE, TRADE SCHOOL, AND GRADUATE SCHOOL SHALL BE VERIFIED BY THE EMPLOYER PRIOR TO EMPLOYMENT. THIS INFORMATION MAY BE REQUESTED IF YOU ARE SELECTED AS ONE (1) OF THE FINAL CANDIDATES FOR EMPLOYMENT.

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES: ____ NO: ____

If yes, please explain: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: ____ NO: ____

If yes, please explain: _____

(The Employer will only consider specific crimes related to qualifications for positions applied for.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES: ____ NO: ____

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES: ____ NO: ____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES: ____ NO: ____

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the Employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.
Initials: _____
2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.
Initials: _____
3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.
Initials: _____
4. I understand and accept that the Employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the Employer to investigate my background for any criminal or unlawful activity.
Initials: _____
5. I understand that the Employer shall verify the Employers, schools, and personal references named in this application prior to employment with the Employer.
Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)

VILLAGE OF SOUTH LEBANON

FAIR CREDIT REPORTING ACT NOTICE AND AUTHORIZATION

In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The Village of South Lebanon may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have the right to request a written summary of your rights prepared pursuant to 15 U.S.C. § 1681g(c); and, you have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

I hereby authorize the Village of South Lebanon to obtain a consumer report, or an investigative consumer report, on me for employment purposes and to conduct investigations as outlined above.

Signature of Applicant/Employee

Date

VILLAGE OF SOUTH LEBANON

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Village of South Lebanon. The Village needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above potential Employer.

I consent to your release of any and all public and private information that you may have concerning me; my work record; my background; my military service records; educational records; my financial status; my criminal history record, including any arrest records or any information contained in investigatory files; efficiency ratings; complaints or grievances filed by or against me; the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest; attendance records; and any investigation and/or disciplinary actions including any files which are deemed to be confidential.

I hereby release you from liability or damages that may result from furnishing the information requested to a representative of the Village of South Lebanon.

I agree to hold the Village of South Lebanon harmless from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over to the proper authorities.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain a original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented, from and against all claims, damages, loses, and expenses, arising out of or by reason of complying with this request.

| | | |
|---------|-----------------------|-----------------------------------|
| Name | | Social Security Number (optional) |
| Address | | Telephone Number |
| City | State | Zip |
| Witness | Applicant's Signature | |
| Witness | Date | |

Sworn to me and subscribed in my presence this ____ day of _____, 20__.

Notary