



## EMPLOYMENT APPLICATION

The City of Lebanon Authority is an equal opportunity employer. The Authority does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status, veteran status, or any other characteristic protected by Federal, State or Local law.

Date of Application:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Position Applying For \_\_\_\_\_ Expected Wages \_\_\_\_\_ Date Available \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address \_\_\_\_\_  
(If different than P.O. Box or Street Address) City State Zip Code

Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you under the age of 18?  Yes  No

If you are under the age of 18, can you supply a working permit?  Yes  No

How did you hear about us? \_\_\_\_\_

Please indicate which of these you are seeking (circle one):  
 Full Time    Part Time    Summer or Seasonal    Temporary    Other \_\_\_\_\_

Are you willing to work overtime?  Yes  No    Are there any shifts you are not willing to work?  Yes  No

Position (s) Applied For:

### EDUCATION

School	Name & Address	Major	Number of Years Completed	Degree
High School				
College				
Business or Technical				
Graduate				
Other				

Have you completed any special courses/seminars/certifications/training, etc. that would enable you to perform the position for which you are applying? Please list and include expiration dates if applicable.

\_\_\_\_\_

List special skills (i.e. computer programs)

\_\_\_\_\_

MI :

First :

Last Name :

# WORK HISTORY

List your employment history beginning with your current or most recent employer.

Employer:		Address:			
Phone:		Supervisor:		May we contact?	
Title:		From:		To:	
Reason for Leaving:		Beginning Wages:		Ending Wages:	
Explain Duties:					
Employer:		Address:			
Phone:		Supervisor:		May we contact?	
Title:		From:		To:	
Reason for Leaving:		Beginning Wages:		Ending Wages:	
Explain Duties:					
Employer:		Address:			
Phone:		Supervisor:		May we contact?	
Title:		From:		To:	
Reason for Leaving:		Beginning Wages:		Ending Wages:	
Explain Duties:					
Employer:		Address:			
Phone:		Supervisor:		May we contact?	
Title:		From:		To:	
Reason for Leaving:		Beginning Wages:		Ending Wages:	
Explain Duties:					

**Military Service**

Were you in the military?  Yes  No

If yes, please complete the following information:

Branch:		Rank at Discharge:	
Entrance Date:		Date of Discharge:	
Training Received and/or Work Experience:			

Are you legally eligible to work in the United States?  Yes  No

(If you are offered employment, you will be required to provide documentation to verify your eligibility)

Are any of your relatives working for the City of Lebanon Authority?  Yes  No

If yes, who and where do they work? \_\_\_\_\_

Have you ever worked for the City of Lebanon Authority, Wastewater Treatment Plant, Water Filter Plant, Water Maintenance/Metering Shop, or Utility Billing?  Yes  No

If yes, where and when? \_\_\_\_\_

Can you perform the essential duties of the position for which you are applying?  Yes  No

If no, please explain

\_\_\_\_\_  
 \*For a complete list of essential duties, ask the Human Resources Manager who will reference the job description for the position for which you are applying.

**PERSONAL OR BUSINESS REFERENCES**

Please list individuals who are NOT relatives.

Name	Address and Phone Number	Title and Company	How long have you known this person?

Do you have a valid driver's license?  Yes  No State \_\_\_\_\_ Driver's License # \_\_\_\_\_

Do you have a Commercial Driver's License in the state of Pennsylvania?  Yes  No

If yes, what class? \_\_\_\_\_ Endorsement? \_\_\_\_\_

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**APPLICANT ACKNOWLEDGEMENT**

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City of Lebanon Authority to hire me. If I am hired, I understand that my employment is considered to be "at will" and the City of Lebanon Authority or I can terminate my employment at any time and for any reason, with or without cause and without prior notice.

I understand that a background check may be required prior to employment and in accordance with promoting a Drugfree Workplace, I may be required to take a pre-employment drug screen analysis.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED, FROM THE CITY OF LEBANON AUTHORITY. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE OR IMPLY ANY TYPE OF CONTRACTUAL OR EMPLOYMENT AGREEMENT.

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Signature of Applicant

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Date