



# Application for Employment

## Town of Lebanon

579 Exeter Road

Lebanon, CT 06249

Phone: (860)642-6100 Fax: (860) 642-7716

Application Date: \_\_\_\_\_

Position(s) being  
applied for: \_\_\_\_\_

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.*

Name:	Last		First		Middle	
Address:	No.	Street		City	State	Zip
Contact:	Telephone			Email		
	Cell:	Other				
Date available for work:				Drivers License: No.		State
Availability: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary						
<b>EDUCATION</b>	Elementary		High		College/Technical	
School Name						
Years Completed: (Circle)	4	5	6	7	8	
			9	10	11	12
					1	2
					3	4
Diploma/Degree(s)						
Course of Study:						
Specialized Training, Apprenticeship, Skill, and Extra-Curricular Activities						
Licenses/Certifications (i.e. CDL, etc)						
Additional information that may be helpful in considering your application.						

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.

Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Special skills and qualifications acquired from employment or other experience			
List Three Personal or Professional References:			
Name	Title	Contact Number	
ATTACH RESUME HERE			

Are you a United States citizen or are you authorized to work in the United States? (Proof of citizenship or authorization to work in the United States will be required upon hire.) Yes \_\_\_\_\_ No \_\_\_\_\_

Answer ONLY if a driver's license is REQUIRED FOR THE POSITION YOU SEEK. Do you have a valid Connecticut driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Lebanon.

Signature

Date



Town of Lebanon  
579 Exeter Road, Lebanon, CT 06249  
Phone: (860)642-6100 Fax: (860) 642-7716

**Application for Employment  
Public Works Department**

Name: _____		Date: _____	
Have you ever worked construction? Yes _____ No _____			
Please check next to all of the following machines that you have operated:		Please state length of time you have operated each of the machines indicated (months/years):	
	Backhoe		
	Front end loader		
	Dump truck		
	Chain saw		
	Sickle mower		
	Flail mower		
	Paving machine		
	Roller		
	Jet sander		
	Snow plow		
Please list any other equipment and length of experience you believe appropriate:			
Can you weld?		Yes _____ No _____	
Can you do mechanical work?		Yes _____ No _____	
In the course of your work, would you be willing to do the following when needed?			
Laborer	Yes _____ No _____	Sweeping	Yes _____ No _____
Cutting Grass	Yes _____ No _____		

**A personal Driver's History report from the DMV is required for all application which involve driving for the Town of Lebanon. A DMV Copy Records Request from (J-23 REV. 9-2015) is attached.**

Revised 12/2016

*The Town of Lebanon is an equal opportunity employer and prohibits discrimination in its practices and policies on the basis of sex, race, religion, or national origin.*

**COPY RECORDS REQUEST**  
J-23 REV. 9-2015

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**

TELEPHONE NUMBER: 1-800-842-8222

On The Web At [ct.gov/dmv](http://ct.gov/dmv)

**DMV VALIDATION**

LICENSE RECORDS, CHECK (✓) REQUEST(S) BELOW	FILL IN SECTION(S)	UNIT PRICE	RECORDS AVAILABLE
<input type="checkbox"/> Driver License File Information (Printout of license class, endorsements, restrictions, original issue date and status.)	1	\$20.00	Current Information
<input type="checkbox"/> Driver License Application (Copy of most current document). <b>This is NOT a duplicate license</b>	1	\$20.00	Current Information
<input type="checkbox"/> Driving History (List of violations and sanctions - certified) Reg <input type="checkbox"/> CDL <input type="checkbox"/>	1	\$20.00	Current plus any other convictions as mandated by law
<b>REGISTRATION RECORDS</b>			
<input type="checkbox"/> Registration File Information (Copy of current computer record)	2 & (or 3)	\$20.00	Current Information
<input type="checkbox"/> Registration Certificate (Copy of most current document). <b>* This is NOT a duplicate registration*</b>	2 & 3	\$20.00	Current Year
<input type="checkbox"/> Registration Return Plate Receipt (Copy of current computer record)	2 & 3	\$20.00	Current Information
<input type="checkbox"/> Insurance Information Only - Effective October 1, 1996, insurance information is no longer listed on registration renewals.	2 & 3	\$20.00	Current Year or date specified
<input type="checkbox"/> Miscellaneous Request	4	\$20.00	
<input type="checkbox"/> Multiple Requests? <b>Instructions:</b> Please complete one J-23 form and attach a separate sheet with required information for each request.			
<b>Insurance information is listed on original registration (H-13) only.</b>			
TO: Department of Motor Vehicles, Copy Records Unit, 60 State Street, Wethersfield, CT 06161-0503			

\* If the registration is lost and you need a replacement you must complete form B-341.

☐ Certified copy of uncertified items (Add \$20.00 to unit price per item)

DMV USE ONLY - ID CHECK

ATTORNEY'S JURIS #

ATTORNEY NAME OR CASE NAME AND COURT LOCATION

Private investigators license must be shown and recorded, along with a second form of ID.

**REQUEST SECTION**

LIST BELOW THE INFORMATION NECESSARY FOR EACH REQUEST. DMV REQUIRES TWO IDENTIFYING CHARACTERISTICS FOUND ON A RECORD TO ENSURE THE RELEASE OF THE PROPER RECORD OR THE REQUEST MAY NOT BE FILLED.

APPLICANT, READ INSTRUCTIONS AND SPECIFY CODE 1, 2, 3, 4, 5, 6, 7, 8, 9 OR 10

CODE NO.

8

**DECLARATION**

I declare under the penalties of false statement as set forth in Section 53a-157b of the Connecticut General Statutes that I will use the information obtained only for a purpose stated on the reverse of this form.

SIGNATURE OF APPLICANT		PRINTED NAME OF APPLICANT		DATE SIGNED	QTY.	UNIT PRICE	AMOUNT
X							
SECTION 1	DRIVER'S NAME (Last, First, Middle Initial)			DRIVER'S LICENSE NUMBER			
	DRIVER'S ADDRESS (Number and Street, City or Town, State, Zip Code)			DRIVER'S DATE OF BIRTH			
SECTION 2	OWNER'S NAME (Last, First, Middle Initial)						
	OWNER'S ADDRESS (Number and Street, City or Town, State, Zip Code)						
SECTION 3	VEHICLE IDENTIFICATION NUMBER						
	VEHICLE MAKE	VEHICLE YEAR	REGISTRATION PLATE NUMBER	AS OF (Date)			
SECTION 4	MISCELLANEOUS REQUEST (Please Specify)						

**APPLICANT:** Print or Type Your Name and Mailing Address Below.  
If using a P.O. Box, **STREET ADDRESS MUST ALSO BE INCLUDED.**

CUSTOMER NUMBER	
OPERATOR'S LICENSE NO. or FED. EMPLOYER ID NO.	TELEPHONE NO. (Required)
NAME	
NUMBER AND STREET	
CITY OR TOWN	STATE ZIP CODE

**TOTAL**

DMV  
USE  
ONLY

AMOUNT  
RECEIVED

**IDENTIFICATION REQUIRED  
SEE REVERSE SIDE**



**\*IDENTIFICATION REQUIREMENTS - Identification is required by law which must contain a photo.**  
The requester must provide a copy of his/her current photo identification, driver's license, or passport or the request may not be processed.

## **SPECIAL INSTRUCTIONS FOR THOSE WHO WISH TO OBTAIN RECORD INFORMATION ON OTHERS**

Specify the applicable code below in the space on the front of this form in the **REQUEST SECTION**.

I hereby request the Department of Motor Vehicles to disclose personal information from its records. As permitted by section 14-10 of the Connecticut General Statutes, the information will be used only for one or more of the following purposes:

1. By any federal, state or local government agency in carrying out its functions or any individual or entity acting on behalf of any such agency. (Official letterhead or business card and photo ID must be included - government exempt from fees.)
2. In connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls or advisories, performance monitoring of motor vehicles and dealers by motor vehicle manufacturers, motor vehicle market research activities including survey research, motor vehicle product and service communications and removal of nonowner records from the original owner records of motor vehicle manufacturers to implement the provisions of the Federal Automobile Information Disclosure Act, 15 USC 1231 et seq., the Clean Air Act, 42 USC 7401 et seq., and 49 USC Chapters 301, 305, and 321 to 331, inclusive, as amended from time to time, and any provisions of the general statutes enacted to attain compliance with said federal provisions.
3. In the normal course of business by the requesting party, but only to confirm the accuracy of personal information submitted by the individual to the requesting party. (*Full name and address of individual required*)
4. In connection with any civil, criminal, administrative or arbitral proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation by an attorney-at-law or any individual acting on behalf of an attorney-at-law and the execution or enforcement of judgments and orders, or pursuant to an order of any court provided the requesting party is a party in interest to such proceeding.  
(*Attorney Name or Case Name and Court Location- REQUIRED*)
5. In connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls or advisories, performance monitoring of motor vehicles and motor vehicle parts and dealers, producing statistical reports and removal of nonowner records from the original owner records of motor vehicle manufacturers, provided the personal information is not published, disclosed or used to contact individuals.
6. By any insurer or insurance support organization or by a self-insured entity or its agents, employees or contractors, in connection with the investigation of claims arising under insurance policies, anti-fraud activities, rating or underwriting.
7. In providing any notice required by law to owners or lienholders named in the certificate of title of towed, abandoned or impounded motor vehicles [or to owners named in the registration record in the case of any vehicle for which no title has been issued].
8. By an employer or its agent or insurer to obtain or verify information relating to a holder of a passenger endorsement or commercial driver's license required under 49 USC Chapter 313, and Connecticut General Statutes sections 14-44 to 14-44m, inclusive, as amended.
9. I have obtained and am presenting evidence of consent to disclosure by the subject(s) of the record.

## **SPECIAL INSTRUCTIONS FOR THOSE WHO WISH TO OBTAIN THEIR OWN RECORD INFORMATION**

Specify the code below in the space on the front of this form in the **REQUEST SECTION** and complete the form including applicant signature. The identification requirements apply when requesting a copy of your own DMV record.

10. This record request is submitted for the purpose of obtaining my record on file at the Department of Motor Vehicles.