

APPLICATION FOR EMPLOYMENT

(Please Print Clearly or Type)

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

CITY OF MONROE IS AN EQUAL OPPORTUNITY EMPLOYER

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

PERSONAL DATA

Name _____

(Last)

(First)

(Middle)

Address _____

(No.)

(Street)

(City)

(State)

(ZipCode)

() _____

() _____

Telephone Number _____

Alternate Number _____

Social Security Number _____

Driver License Number _____

E-Mail Address _____

1. Have You Been Known By Any Other Name? (If so, please indicate)

2. If You Are Under 18 Years Of Age, Can You Provide Required Proof Of Your Eligibility To Work?

____ Yes ____ No

3. Have You Ever Filed An Application With The City of Monroe Before?

____ Yes ____ No

If yes, give date and department _____

4. Have You Ever Been Employed With The City of Monroe Before?

____ Yes ____ No

If yes, give date and department _____

5. Are You Currently Employed?

____ Yes ____ No

6. May We Contact Your Present/Last Employer?

____ Yes ____ No

7. Are You Prevented From Lawfully Becoming Employed In This Country Because Of Visa Or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)

____ Yes ____ No

8. Have You Ever Had Any Job-Related Training In The United States Military?
 Yes No
 If yes, please describe: _____

9. Are You Able To Perform All The Functions/Duties Of The Job You Are Applying For?
 Yes No
 If no, please identify which essential functions you are unable to perform: _____

10. Have You Been Convicted Of A Felony Within The Last 7 Years? (Conviction will not necessarily disqualify an applicant from employment.)
 Yes No
11. Do You Have Any Criminal Charges Pending, Other Than Minor Traffic Violations? (Pending criminal charges are not an automatic bar to employment. Each case is considered on its merits.)
 Yes No
 If yes, please explain: _____

EDUCATION RECORD (List education, licenses, certificates and degrees related to the position sought)			
	Institution Attended	Curriculum	Licenses/Certificates/ Degrees Earned
High School			
Technical School			
College			
Post College/ Graduate School			

EMPLOYMENT RECORD

(Including military experience if job related. List employment beginning with present or last job.)
 (May attach additional page if necessary to complete employment record.)

Company Name	Specific Duties
Address	
City State Zip	Phone ()
Job Title	Supervisor
Date Employed From (Mo/Yr) To (Mo/Yr)	Reason For Leaving
Salary Starting \$ Ending \$	
Company Name	Specific Duties
Address	
City State Zip	Phone ()
Job Title	Supervisor
Date Employed From (Mo/Yr) To (Mo/Yr)	Reason For Leaving
Salary Starting \$ Ending \$	
Company Name	Specific Duties
Address	
City State Zip	Phone ()
Job Title	Supervisor
Date Employed From (Mo/Yr) To (Mo/Yr)	Reason For Leaving
Salary Starting \$ Ending \$	
Company Name	Specific Duties
Address	
City State Zip	Phone ()
Job Title	Supervisor
Date Employed From (Mo/Yr) To (Mo/Yr)	Reason For Leaving
Salary Starting \$ Ending \$	

AS AN EMPLOYEE HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN? ___ Yes ___ No
 If Yes, Explain. (Attach Additional Page.)

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. (Attach additional page if needed.)

**AUTHORIZATION AND ACKNOWLEDGMENT FOR EMPLOYMENT
WITH CITY OF MONROE**

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the City of Monroe shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the City of Monroe any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the City of Monroe including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I will be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with the City of Monroe. Refusal to participate will result in the rejection of my application.

Applicant's Signature

Applicant Printed Name

Date

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CONSENT FORM FOR APPLICANTS

I hereby consent to an alcohol and other drug test as a part of the job hiring process and that the test must not result in a positive finding of alcohol or any controlled or synthetic substance in excess of established threshold levels in order for me to be considered further for employment. If I am required to have a Commercial Driver's License for my employment, I further understand that, if hired, I will be subject to a reasonable suspicion, unannounced, post-accident, and, if warranted, return-to-duty and follow-up alcohol and other drug testing as a condition of continued employment, as set forth in the City of Monroe Drug & Alcohol Policy.

If I am required to have a Commercial Driver's License for my employment, I hereby consent to the taking of one or more specimens of my blood, breath or urine, to the testing of such specimens and to the release of the test results and other test-related information by, to and among CITY OF MONROE, its Medical Review Officer, its clinic, and its testing laboratory, now and in the future, in accordance with the Policy's provisions. I also understand that, if I am hired, I will have to abide by all terms of the Policy, as applicable.

Name (please print) Date

Employee Signature

Witness Signature Date

NOTE: This information will not be shared with those individuals involved in the interviewing process. Detach this page and return to the City Clerk's office in the attached envelope by U.S. mail or deliver in person.

ADDITIONAL EMPLOYEE INFORMATION

NAME: _____ DATE: _____
Last First Middle

JOB TITLE: _____ DEPT: _____

The Following Information Is Not Requested On Our Employment Application

PLEASE COMPLETE THE FOLLOWING FOR INCLUSION IN YOUR PERSONNEL FILE:

1. Date of Birth: _____
Month Date Year

2. RACIAL/ETHNIC IDENTIFICATION: Check that which most accurately describes your sex and racial/ethnic identity. (Select Only One) Please note that, if necessary, verification must be provided.

White, not of Hispanic origin - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

A. ___ Male F. ___ Female

Black, not of Hispanic origin - Persons having origins in any of the Black racial groups of Africa.

B. ___ Male G. ___ Female

Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.

C. ___ Male H. ___ Female

Asian or Pacific Islander - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. (For example, China, India, Japan, Korea, the Philippine Islands and Samoa.)

D. ___ Male I. ___ Female

American Indian* or Alaskan Native - Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

E. ___ Male J. ___ Female

*Name of Tribe: _____

*Agency or reservation where tribal enrollment records are kept:
