

CITY OF MONROE

APPLICATION FOR EMPLOYMENT

Please type or print, do not use pencil.

Position(s) Applied For	Date of Application				
How did you learn about us	s? Relative 🗌 Inquiry 🗌 Friend	Other			
Last Name	Last Name First name Middle				
Address City State/Zip					
Telephone Number	Alternate Number/E-mail Addres	ss Social Security Number			
est time to contact you at home		A.M DP.M			
you are under 18 years of age, do ave you ever filed an application v	you have proof of you eligibility to work vith the City of Monroe before	Yes □ No □ Yes □ No			
lf so, give date: – ave you ever been employed with		Yes No			
	other than spouse work here? 	 Yes □ No 			
Visa or immigration Status? Proof of citizen ship or immigration status will be required upon employment					
 Tempo	ime - Please indicate 🔲 Mornings 🗌 A orary - Please indicate dates available 	fternoons 🗌 Evenings			
Are you currently on "lay-off" status and subject to recall? Can you travel if a job requires it? Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? No Yes If yes, please explain 					
eteran's Preference re you a U.S Veteran?	70	🗌 Yes 🔲 No			
ates of active duty FROM:	TO:	🗌 Yes 🗌 No			
re you a member of the reserves o hose wishing to claim veteran's pro		(DD214) which includes dates of active duty!			

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	То	
Address				
Telephone Number				
Job Title	Supervisor			
		Hourly Rate/Salary		
Reason for leaving		Starting	Final	

Employer		Dates Employed		Work Performed
		From	То	
Address				
Telephone Number				
Job Title	Supervisor			
		Hourly Rate/Salary		
Reason for leaving		Starting	Final	

Employer		Dates Employed		Work Performed
		From	То	
Address				
Telephone Number				
Job Title	Supervisor			
		Hourly Rate/Salary		
Reason for leaving		Starting	Final	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary				
School				
High				
School				
Undergraduate				
College				
Graduate				
Professional				
Other				
(Specify)				

Describe any job-related training received in the United States Military.				

REFERENCES

Name	Phone Number
Address	
Name	Phone Number
Address	
Name	Phone Number
Address	
Name	Phone Number
Address	

Other Qualifications	- Summarize special	iob-related skills a	and qualifications	acquired from	employment	or other experience.

Specialized Skills -- (List skills/equipment operated).

State any additional information that you feel should be used when considering your application.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employer may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in written by an authorized executive of this organization.

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 employer.

Signature of Applicant