

## Application for Employment City of Monroe

Title VII of the Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination because of age. The Americans with Disabilities Act of 1990 prohibits discrimination against individuals with a disability. All applicants for employment with the City shall be required to pass a substance abuse screening test prior to employment. All employees of the City will be subject to substance abuse testing during their term of employment.

Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, disability, marital or veteran status.

As a matter of policy, the City of Monroe may check reference information, both educational and employment, of all final candidates. For this reason, it is essential that all information requested of the applicant and supplied by the applicant be accurate and complete.

**Instructions: Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with “no” or “Not Applicable” or (N/A). Attach a resume, if you wish, but do not refer to the resume. Answer all questions.**

Date \_\_\_\_\_

Position(s) Applied for			
Who referred you to our Company?	Mail In Advertisement	Employment Agency Intra City Referral	State Agency College Recruiting
		Other	Walk-In
Employee Referral-Name			
Have you ever worked for the City of Monroe before? <input type="checkbox"/> No <input type="checkbox"/> Yes		Where?	When?
Have you ever applied with the City of Monroe before? <input type="checkbox"/> No <input type="checkbox"/> Yes		Where?	When?
On what date will you be available if your application for employment is accepted?			

GENERAL INFORMATION				
Last Name	First	Middle		Social Security Number
Present Address – Street		City	State	Zip Code
				How Long?
List address for previous 3 years if different from above – Street		City	State	Zip Code
				How long?
Additional Previous Address, if Applicable – Street		City	State	Zip Code
				How Long?
Telephone Number and Area Code Home ( )                      Work ( )			Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, explain.	
Have you ever pled no contest or been convicted of a felony, misdemeanor, or other crime? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, explain.	
Have you ever pled no contest or been convicted of a drug or alcohol related offense? (DUI, DWI, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, explain.	
Name of person to be notified in case of emergency			Area Code and Telephone Number	

**Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documents.**

**“An Equal Opportunity Employer”**

EDUCATIONAL BACKGROUND						
	Name and Location of School or College	Circle Highest Grade/Year	Grade Average	Did you Graduate?	If you graduated, what was your degree and major?	What was last calendar year you studied?
Elementary and Junior High		1 2 3 4 5 6 7 8				
High School and/or G.E.D.		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major _____ Study _____	
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____	
Graduate School		How Long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____	
Trade, Business, or Correspondence school		How Long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major _____	
List any other training or educational programs you have attended.						
List any extracurricular activities, offices held while in school.*						
List any academic honors or other special recognition you have received.*						

\*Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, or marital status

CLERICAL APPLICANTS ONLY (What specific experience have you had in the following?)					
	Length of Time	Type		Length of Time	Type
Accounting			Calculator		
Billing			Shorthand		WPM
Claims			Typing		
CRT			Dictating Equipment		
Word Processing					

COMPUTER EXPERIENCE				
Software Package(s)	Years	Skill Level (High, Med., Low)	Hardware (PC's or Platforms)	Years Experience or Skill Level

SHOP APPLICANTS ONLY (What mechanical experience have you had in the following?)					
	Years	Month		Years	Months
Engine Tune-Up-Diesel			Brakes and Steering		
Engine Tune-Up – Gas			Lubrication		
Automotive Electrical Systems			Tire Repair		
Clutch and Transmission – Trucks			Other		
List of Current ASE Certifications					

LICENSE INFORMATION				
DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulation?  Yes  No

D. Have you in the past two (2) years failed or refused a DOT-mandated Pre-employment test(s)?  Yes  No

**IF THE ANSWER TO A, B, C, OR D IS YES, ATTACH STATEMENT GIVING DETAILS.**

DRIVING EXPERIENCE					
	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
STRAIGHT TRUCK					
AUTO OR VAN					
BUS					
OTHER _____					

LIST STATES OPERATED IN FOR LAST SEVEN YEARS:

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

WHAT EXPERIENCE HAVE YOU HAD WORKING WITH OR SUPERVISING CHILDREN? EXPLAIN.

HAVE YOU EVER DRIVEN A BUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FOR WHAT CITY OR SCHOOL DISTRICT?	DATES	SALARY
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ACCIDENT REVIEW FOR PAST 3 YEARS (Attach additional sheet if more is needed)				
	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)			
LOCATION	DATE	CHARGE	PENALTY

**EMPLOYMENT HISTORY**

All employment for the previous 10 years must be covered below, including jobs held while in school or military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for additional form(s) if necessary. Please explain all periods of unemployment.

EMPLOYER NAME		DATES EMPLOYED (MO/YR)		SALARY
ADDRESS	FROM:	TO:	STARTING:	LEAVING:
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED.				
REASON FOR LEAVING				

<b>EMPLOYER NAME</b>		<b>DATES EMPLOYED (MO/YR)</b>		<b>SALARY</b>
ADDRESS	FROM:	TO:	STARTING:	LEAVING:
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED.				
REASON FOR LEAVING				

<b>EMPLOYER NAME</b>		<b>DATES EMPLOYED (MO/YR)</b>		<b>SALARY</b>
ADDRESS	FROM:	TO:	STARTING:	LEAVING:
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED.				
REASON FOR LEAVING				

<b>EMPLOYER NAME</b>		<b>DATES EMPLOYED (MO/YR)</b>		<b>SALARY</b>
ADDRESS	FROM:	TO:	STARTING:	LEAVING:
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED.				
REASON FOR LEAVING				

**ACTIVITIES**

List current membership in civic, professional, social or other organizations.\*

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\*Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

**SUMMARY OF QUALIFICATIONS**

This space is provided for you to briefly summarize any additional qualifications you believe are important in considering your Application for Employment.

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**APPLICANT'S STATEMENT**

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information that I give may result in termination of my candidacy or any subsequent employment. I furthermore agree, if employed, to follow all rules and regulations of the City. I understand that as a condition of employment, it is mandatory that I participate in the City's group life and medical benefits program.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the City's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the City and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the City and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, whether same is of record or not, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

I authorize the City and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the City and its agents may obtain information including, but not limited to, Department of Transportation (DOT) mandated Pre-employment, refusals to test, alcohol tests of >.04, other violations of the DOT alcohol and drug rules, and return to duty and follow-up testing compliance, as applicable, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the City's receipt of satisfactory results of such a test and, if necessary to determine ability to perform essential duties of the position offered, the results of a physical examination.

I certify that I have read, understand and agree to the above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: This Application for Employment will be considered active for 90 calendar days.  
After 90 calendar days, you must reapply for available positions.**

(Revised 1/2006)