



Application for Employment

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 of Monroe (City) shall be required to pass a substance abuse screening test immediately 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 and/or veteran status.

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

- Instructions:**
- Please type or print in black ink. Be sure to answer all questions accurately and completely.
 - If any question or section does not apply to you, please answer with “no” or “Not Applicable” or N/A.
 - Attach a resume, if available, but do not state “refer to resume.” Answer all questions completely.
 - For more information on job openings, go to: www.monroela.us/ ...
 - Click on Government tab...
 - Click Employment

Date _____

Position(s) Applying for: 1.		2.	
Who referred you to	the City of Monroe?	Mail In	Employment Agency
		State Agency	Walk-In
		Employee Referral—Name	
Advertisement	Intra City Referral	College Recruiting	Other
Have you ever worked for the City of Monroe before?		If Yes, what job did you hold?	
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you ever applied for a job with the City of Monroe before?		If Yes, when?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		Who was your supervisor?	
On what date would you be available to work if your application for employment is accepted and you are offered a job, contingent on passing the substance abuse screening test?			

GENERAL INFORMATION			
Last Name	First Name	Middle Name	Tel: Home:
			Work :
			Cell:
Present Address – Street			How long at present address?
City	State	Zip Code	
List address for previous three years if different from above – Street			How long at previous address?
City	State	Zip Code	
Additional Previous Address, if Applicable – Street			How long at previous address?
City	State	Zip Code	
E-mail:	Are you prevented from becoming lawfully employed in the United States because of your visa or immigration status?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been fired or asked to resign by an employer?			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:			
Name of person to be notified in case of emergency:			Area Code and Contact 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 if hired.

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						
High School and/or G.E.D.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Major _____ Study _____	
College				<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 SKILLS (What specific experience do you have in any of the following skill areas?)

	Explain		Explain
Accounting		Calculator	
Billing		Shorthand	WPM
Claims		Typing	WPM
CRT		Dictating Equipment Transcription	
Desktop / Laptop / iPad / Other		Word Processing	

COMPUTER EXPERIENCE (Specify experience you have using software and/or hardware.)

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

If any question or section on any page of the application does not apply to you, please specify with “no” or “Not Applicable” or N/A.

LICENSE INFORMATION					
VALID DRIVER LICENSE(S)	STATE	LICENSE NO.	TYPE		EXPIRATION DATE

DRIVING EXPERIENCE					
VEHICLE	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 DO YOU HAVE 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

SHOP (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		
Current ASE Certifications					

EMPLOYMENT HISTORY

All employment for the previous 10 years must be covered below, including jobs held while in school or military and current job. Record your present or last position first and list back in chronological order by employment dates. 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) FROM: TO:
ADDRESS: City/State/Zip	SALARY or HOURLY PAY: STARTED AT: ENDED AT:
SUPERVISOR'S NAME, TITLE	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone #
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR JOB DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED, IF ANY.	
EXPLAIN REASON FOR LEAVING THIS JOB:	

EMPLOYER NAME	DATES EMPLOYED (MO/YR) FROM: TO:
ADDRESS City/State/Zip	SALARY or HOURLY PAY: STARTED AT: ENDED AT:
SUPERVISOR'S NAME, TITLE	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone #
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR JOB DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED, IF ANY.	
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SUPERVISOR'S NAME, TITLE	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone #
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POSITION(S) HELD – BRIEFLY EXPLAIN YOUR JOB DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED.	
EXPLAIN REASON FOR LEAVING THIS JOB:	

If any question or section on any page of the application does not apply to you, please specify with “no” or “Not Applicable” or N/A.

ACTIVITIES & MEMBERSHIPS

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

APPLICANT’S STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed Second Injury Fund medical history 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 of Monroe. I understand that as a condition of regular full time employment, it is mandatory that I participate in the City of Monroe’s group life and medical insurance programs unless evidence of medical insurance can be provided as requested.

The City of Monroe prohibits smoking in and on its premises per City Code of Ordinances Chapter 30.5 Smoke-Free Air Act, effective 1/2/2014.

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 of Monroe’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 of Monroe 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 of Monroe 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 substance abuse screening test and the City of Monroe’s receipt of satisfactory results of such a test and, if necessary to determine ability to perform essential job 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 from date completed.***
After 90 calendar days, you must reapply for any available position.**

Hand deliver completed application to:
Human Resources Division—Recruitment
City of Monroe
City Hall
400 Lea Joyner Memorial Expressway
Monroe, LA 71201

OR

Mail completed application to:
Human Resources Division--Recruitment
City of Monroe
P.O. Box 123
Monroe, LA 71210-0123