



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 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 and background check 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 any prohibited characteristic, including age, sex, race, color, religion, national origin, disability, marital and/or veteran status. The City is an Equal Opportunity Employer

The City of Monroe may verify all information, both educational and employment, of final job candidates. 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

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	IntraCity Referral	College Recruiting	Other		
Have you ever worked for the City of Monroe before? No Yes		If Yes, what job did you hold?		If Yes, when? Who was your supervisor?	
Have you ever applied for a job with the City of Monroe before? No Yes		If Yes, what job?		If Yes, when?	
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:						How long at present address?	
Street							
City		State		Zip Code			
List address for previous three (3) years, if different from above:						How long at previous address?	
Street							
City		State		Zip Code			
Additional Previous Address, if Applicable:						How long at previous address?	
Street							
City		State		Zip Code			
E-mail:				Are you authorized to work lawfully in the United States?*			
				No Yes			
Have you ever been fired or asked to resign by an employer? No Yes If yes, explain:							
Name of person to be notified in case of emergency:						Area Code and Contact Number:	

*Note: If hired, a Form I-9, Employment Eligibility Verification, must be completed within three (3) days of your date of hire. Please be prepared to submit proper documents if hired.

Do not leave any question or section blank. If it does not apply to you, please specify with "NO" or "Not Applicable" or "N/A".

EDUCATIONAL BACKGROUND

Type of School	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 School		1 2 3 4 5 6 7 8				
High School and/or G.E.D.		9 10 11 12		Yes No		
College / University		1 2 3 4		Yes No	Degree _____ Major _____	
Graduate School		How Long?		Yes No	Degree _____ Major _____	
Trade, Business, or Correspondence school		How Long?		Yes No	Major _____	

List any other training or educational programs you have attended.

List any extracurricular activities or offices held while in school.

List any academic honors or other special recognition you have received.

CLERICAL SKILLS (What specific experience do you have in any of the following skill areas?)

Skill	Experience	Skill	Experience	Speed
Accounting		Calculator		
Billing		Word Processing		WPM
Claims		Typing		WPM
Desktop / Laptop / iPad / Other				

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

Do not leave any question or section blank. If it 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 EMPLOYERS WITH WHOM YOU HAVE AT LEAST 6 MONTHS OF DRIVING EXPERIENCE:					
LIST STATES OPERATED IN FOR LAST SEVEN (7) YEARS:					
LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:					
LIST CURRENT CERTIFICATION LICENSES:					
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? YES NO	IF YES, FOR WHAT CITY OR SCHOOL DISTRICT?		DATES		SALARY

SHOP (What mechanical experience have you had in the following?)

Service	Years	Months	Service	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? Yes 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? Yes No Telephone # _____	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR JOB DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED, IF ANY.		
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ACTIVITIES & MEMBERSHIPS

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

SUMMARY OF QUALIFICATIONS

This space is provided for you to briefly summarize any additional qualifications and/or certification licenses you believe are important in considering your Application for Employment. Example: OSHA safety training, Wastewater certifications, etc.

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 upon request.

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 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 an available position.

Hand deliver completed application to:
Human Resources Division—Recruitment
City of Monroe / City Hall
400 Lea Joyner Memorial Expressway
Monroe, LA 71201-7509

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

Online Submission of completed application: www.monroela.us