



THE CITY OF MONROE

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

PLEASE TYPE OR PRINT CLEARLY IN INK

If answers need more space than provided, there is additional space at the end of the application.

DATE			
NAME			
ADDRESS			
CITY, STATE, ZIP			
EMAIL ADDRESS			
PHONE			
POSTED POSITION(S) APPLIED FOR (*Any* will not be accepted)			
REQUESTED SALARY			
AVAILABLE TO START			
REFERRED BY OR HOW YOU HEARD ABOUT OPENING			
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?		DEPT	SUPERVISOR
REASON FOR LEAVING			

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? If yes, please explain in additional space at the end of the application.	
ARE YOU AT LEAST 18 YEARS OLD?	
ARE YOU AUTHORIZED TO WORK IN THE U.S.?	
LIST OTHER NAMES YOU HAVE USED	



U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

BRANCH OF SERVICE	
DATES SERVED	
TYPE OF DISCHARGE	

TRAINING/SKILLS

List any training, skills, qualifications or job related experiences that are of special benefit to the job for which you are applying.

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LICENSES/CERTIFICATIONS
(Job related)

Type	Issue Date	Registration #	State	Expiration

EDUCATION

HIGH SCHOOL:	ADDRESS:		
DATES ATTENDED:	DID YOU GRADUATE?	DEGREE:	
COLLEGE:	ADDRESS:		
DATES ATTENDED:	DID YOU GRADUATE?	DEGREE:	
OTHER:	ADDRESS:		
DATES ATTENDED:	DID YOU GRADUATE?	DEGREE:	

REFERENCES (No relatives)

FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:
ADDRESS:	
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:
ADDRESS:	
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:
ADDRESS:	



PREVIOUS EMPLOYMENT		
COMPANY:	PHONE:	
ADDRESS:	SUPERVISOR:	
RESPONSIBILITIES:	STARTING SALARY:	ENDING SALARY:
DATES EMPLOYED:	REASON FOR LEAVING	

PREVIOUS EMPLOYMENT		
COMPANY:	PHONE:	
ADDRESS:	SUPERVISOR:	
RESPONSIBILITIES:	STARTING SALARY:	ENDING SALARY:
DATES EMPLOYED:	REASON FOR LEAVING:	

PREVIOUS EMPLOYMENT		
COMPANY:	PHONE:	
ADDRESS:	SUPERVISOR:	
RESPONSIBILITIES:	STARTING SALARY:	ENDING SALARY:
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PREVIOUS EMPLOYMENT		
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ADDRESS:	SUPERVISOR:	
RESPONSIBILITIES:	STARTING SALARY:	ENDING SALARY:
DATES EMPLOYED:	REASON FOR LEAVING:	



ADDITIONAL SPACE FOR ANSWERS