



Do not use this form for Fire or Police positions.  
 Applications accepted for open positions ONLY.  
 A new application must be completed for each posting.  
 Completed applications must be returned to  
 City Hall, 215 N Broad St, 1st floor, Monroe, GA 30655.

# EMPLOYMENT APPLICATION

## 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 <small>(As it appears on Social Security Card/Work Permit Card)</small>			
	LAST	FIRST	MIDDLE OR MAIDEN
ADDRESS			
CITY, STATE, ZIP			
EMAIL ADDRESS			
HOME PHONE			
DAYTIME PHONE			
CELL PHONE			
POSTED POSITION(S) APPLIED FOR	<small>"Any" will not be accepted.</small>		
SALARY REQUIREMENTS	\$		
WHEN WOULD YOU BE AVAILABLE TO START?			
REFERRED BY OR HOW YOU HEARD ABOUT OPENING?			
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DATES	DEPT	SUPERVISOR	
REASON FOR LEAVING			
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:			
CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU AT LEAST 18 YEARS OLD?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LIST OTHER NAMES YOU HAVE USED			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <small>(A conviction will not necessarily disqualify an applicant from employment.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<small>(If yes, give location, date, charge and disposition of case(s) on additional information page.)</small>		



**U.S. MILITARY SERVICE**

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

Branch of Service: \_\_\_\_\_

Dates Served: from: \_\_\_\_\_ to: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**TRAINING / SKILLS**

List any training, skills, qualifications or job related experiences that would be of special benefit in the job for which you are applying:

**EDUCATION / SKILLS**

EDUCATION LEVEL	NAME	CITY STATE	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/MAJOR
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMUNITY OR JUNIOR COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LICENSES / CERTIFICATIONS  
(JOB RELATED)**

TYPES OF LICENSES AND CERTIFICATIONS	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

**REFERENCES  
(NO RELATIVES)**

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____	RELATIONSHIP _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____	RELATIONSHIP _____



**EMPLOYMENT HISTORY**  
(MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME)

Beginning with your most recent, list below present and past employment including U.S. Military service:

EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		
EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		
EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		
EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		
EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		

**EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY**

Use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity:

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