

# CITY OF MONMOUTH

## APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or disability, or any other legally protected status.*

Position Applied for: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Yes No

Are you legally eligible for employment in the United States? ☐ ☐

Have you received a high school diploma or GED? ☐ ☐

Do you have any relatives employed by the City? ☐ ☐ If yes, Who: \_\_\_\_\_ Relation: \_\_\_\_\_

Have you ever applied with the City before? ☐ ☐ If yes, when/for what position? \_\_\_\_\_

Are you currently employed? ☐ ☐ \_\_\_\_\_

If employed, may we inquire with your employer? ☐ ☐

Are you currently on "lay-off" status and subject to recall? ☐ ☐

### EDUCATION

| Name/Location of School | #Years | Date Graduated | Major/Minor | Degree/GPA |
|-------------------------|--------|----------------|-------------|------------|
| Elementary _____        |        |                | N/A         | N/A        |
| High School _____       |        |                |             |            |
| College _____           |        |                |             |            |

**EDUCATION** (Cont'd)

| Name/Location of School | #Years | Date Graduated | Major/Minor | Degree/GPA |
|-------------------------|--------|----------------|-------------|------------|
| College _____           | _____  | _____          | _____       | _____      |

Other Training \_\_\_\_\_

\_\_\_\_\_

List any professional licenses or certificates you hold or have held.

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE** *If Applicable – Optional*

Branch: \_\_\_\_\_ From: \_\_\_\_\_ to Discharge Date \_\_\_\_\_

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

**EMPLOYMENT EXPERIENCE** Please list below your last four employers, starting with the most recent

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE (Cont'd)**

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES** List 5 persons not related to you, whom you have known for at least one year and have or will provide a letter of reference appraising your character, experience, and other qualities appropriate to the position applied for.

| Name     | Phone | Address | Business | Years Known | Relationship |
|----------|-------|---------|----------|-------------|--------------|
| 1. _____ | _____ | _____   | _____    | _____       | _____        |
| 2. _____ | _____ | _____   | _____    | _____       | _____        |
| 3. _____ | _____ | _____   | _____    | _____       | _____        |
| 4. _____ | _____ | _____   | _____    | _____       | _____        |
| 5. _____ | _____ | _____   | _____    | _____       | _____        |

**RECORD OR CONVICTIONS** This section should only be filled out if applying for a security-sensitive position such as an officer or firefighter. Please include any arrests in the last 5 years and any traffic citations received in the last 12 months.

| Date | Location | Type of Offense | Sentence |
|------|----------|-----------------|----------|
| 1.   |          |                 |          |
| 2.   |          |                 |          |
| 3.   |          |                 |          |
| 4.   |          |                 |          |
| 5.   |          |                 |          |

I, the undersigned, affirm that the information given by me on this application is true and correct and I hereby acknowledge that falsification of any part of this application may result in denial of employment or discharge after employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date