

# MONROE COUNTY EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. Monroe County 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.

Employees of Monroe County are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of Monroe County's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon Monroe County and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

**PLEASE PRINT IN INK**

|   |  |   |                       |
|---|--|---|-----------------------|
| <b>NAME</b><br><small>(As it appears on Social Security Card / Work Permit Card)</small>  | Last   | First   | M.I.                  |
| <b>SOCIAL SECURITY NUMBER</b>   |  |   |                       |
| <b>ADDRESS</b>  |  |   |                       |
| <b>CITY, STATE, ZIP</b>   |  |   |                       |
| <b>HOME TELEPHONE</b>   | MESSAGE CONTACT  |   |                       |
|   | <small>Name</small>  | <small>Area Code</small>  | <small>Number</small> |
| <b>DAYTIME TELEPHONE</b>  | <b>ARE YOU AT LEAST 18 YEARS OLD?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |                       |
| <b>OTHER NAMES YOU HAVE USED:</b>   |  |   |                       |
| <b>POSITION APPLIED FOR:</b>  |  | <b>SALARY REQUIREMENTS:</b>   | \$                    |
| <b>REFERRED FOR THIS POSITION BY:</b>   |  | <b>DATE AVAILABLE:</b>  |                       |
| <b>HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>WHEN?</b>  |  |   |                       |
|   |  | <b>DEPARTMENT:</b>  |                       |
| <b>SUPERVISOR:</b>  |  | <b>REASON FOR LEAVING:</b>  |                       |
| <b>HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT</b><br><br><input type="checkbox"/> NO <input type="checkbox"/> YES <small>If Yes, Give location, date, charge and disposition of case(s) on a separate page</small> | <b>IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b><br><br><b>I HAVE A VALID DRIVER'S LICENSE</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>D.L.# _____ STATE _____ | <b>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |                       |

## U.S. MILITARY SERVICE

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

\_\_\_\_\_

Branch of Service

From: \_\_\_\_\_ To: \_\_\_\_\_

Dates Served

\_\_\_\_\_

Type of Discharge

### EDUCATION / SKILLS

| EDUCATIONAL LEVEL        | NAME | CITY | STATE | CIRCLE YRS. COMPLETED | UNITS COMPLETED | DEGREE | MAJOR |
|--------------------------|------|------|-------|-----------------------|-----------------|--------|-------|
| HIGH SCHOOL              |      |      |       | 9 10 11 12            |                 |        |       |
| COMMUNITY or JUNIOR COLL |      |      |       | 1 2                   |                 |        |       |
|                          |      |      |       | 1 2                   |                 |        |       |
| BUSINESS or TRADE SCHOOL |      |      |       | 1 2                   |                 |        |       |
| COLLEGE or UNIVERSITY    |      |      |       | 1 2 3 4               |                 |        |       |
|                          |      |      |       | 1 2 3 4               |                 |        |       |
|                          |      |      |       | 1 2 3 4               |                 |        |       |
| GRADUATE SCHOOL          |      |      |       |                       |                 |        |       |
|                          |      |      |       |                       |                 |        |       |

### COMPUTER SOFTWARE SKILLS

| COMPUTER SOFTWARE | Name of Software | Your Proficiency With The Software |                                    |                                   |
|-------------------|------------------|------------------------------------|------------------------------------|-----------------------------------|
| Word Processing   |                  | <input type="checkbox"/> Skilled   | <input type="checkbox"/> Competent | <input type="checkbox"/> Familiar |
| Spreadsheet       |                  | <input type="checkbox"/> Skilled   | <input type="checkbox"/> Competent | <input type="checkbox"/> Familiar |
| Database          |                  | <input type="checkbox"/> Skilled   | <input type="checkbox"/> Competent | <input type="checkbox"/> Familiar |
| Other             |                  | <input type="checkbox"/> Skilled   | <input type="checkbox"/> Competent | <input type="checkbox"/> Familiar |

### LICENSES / CERTIFICATIONS / ORGANIZATIONS

| PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related) | TYPES OF LICENSES and CERTIFICATES | DATE ISSUED | REGISTRATION NUMBER | STATE | EXPIRES MO / YR |
|--|------------------------------------|-------------|---------------------|-------|-----------------|
|  |                                    |             |                     |       |                 |
|  |                                    |             |                     |       |                 |
|  |                                    |             |                     |       |                 |

| PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related) | NAME | DATE | NAME | DATE |
|--|------|------|------|------|
|  |      |      |      |      |
|  |      |      |      |      |
|  |      |      |      |      |

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

### JOB RELATED TRAINING

| NAME OF COURSE | YEAR COMPLETED | NAME OF COURSE | YEAR COMPLETED |
|----------------|----------------|----------------|----------------|
|                |                |                |                |
|                |                |                |                |
|                |                |                |                |

# EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

## EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please 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.

\_\_\_\_\_  
\_\_\_\_\_



## **FAIR CREDIT REPORTING ACT Disclosure and Authorization Statement**

**To: All Applicants For Employment** *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

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Name *(please print)*

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Signature

Date Signed

**(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)**