



CITY OF MONMOUTH

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. **PLEASE PRINT**

Position Applied For _____ Today's Date _____

Employment status sought: Full-time Part-time Temporary Seasonal

When are you available for employment: _____

PERSONAL DATA

Last Name First Name Middle Name

Present Street Address City State Zip Code

Primary Phone Number Alternate Phone Number

Are you at least 18 years of age? Yes No

If no, can you provide a work permit? Yes No

Do you have any physical limitations, which would prevent or impair performance of the job for which you are applying? Yes No

Would you take a physical examination if it is required for the job for which you are applying?.... Yes No

Were you ever employed here? Yes No When? _____

Have you ever applied here before? Yes No When? _____

Have you ever been convicted of any law violation (except a minor traffic violation)?..... Yes No

If yes, give particulars_____

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain_____

This is a voluntary question; however if you are interested in veterans hiring considerations, we will need to know your veteran's status. Do you meet the definition of a veteran? A veteran is defined as: (1) A veteran must have served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning January 31, 1955 or 178 consecutive days beginning after January 31, 1955, and have been discharged under honorable conditions; or (2) A veteran must have served on active duty with the Armed Forces of the United States for 178 days or less and have been discharged under honorable conditions because of a service-connected disability (disable veteran); or (3) A veteran must have served on active duty with the Armed Forces of the United States for at least one day in a combat zone and have been discharged under honorable conditions; or (4) A veteran must have received a qualifying military decoration for service in the Armed Forces of the United States; or (5) Be receiving a nonservice-connected pension from the U.S. Department of Veterans Affairs. A veteran may submit his/her Certificate of Release or Discharge from Active Duty (a federal DD form 214 or 215) with his/her application for employment.

Yes No

This is a voluntary question; however, if you are interested in disabled veterans hiring considerations, we will need to know your veteran's status. The definition of a disabled veteran is: (1) Entitled to disability compensation under laws administered by the U.S. Department of Veterans Affairs; or (2) Discharged or released from active duty for a disability incurred or aggravated in the line of duty; or (3) Awarded the Purple Heart for wounds received in combat. A disabled veteran may submit a copy of his/her veteran's disability preference letter from the U.S. Department of Veterans Affairs.

Yes No

EDUCATION

Name and Address of School	Highest Grade Completed	Did you Graduate?
High School: _____ _____		
College or University: _____ _____ Major: _____ Degree: _____		
College or University: _____ _____ Major: _____ Degree: _____		
Additional Educational and/or Vocational or Technical Training Information:	Courses Taken	Courses Completed
School: _____ _____		
School: _____ _____		

QUALIFICATIONS & SPECIAL SKILLS

For Driving Jobs Only:

Do you have a valid driver's license? Yes No

Driver's License Number _____ State _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firms name and supply business references. If you worked in any of the positions under another name, please give name(s).

Name of Employer Address City, State, Zip Code Telephone	Name of Last Supervisor: _____ Employed from (mm/yy): _____ To: _____ Rate of Pay: Start _____ Final: _____
Title	Reason for Leaving:
Duties	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Employer Address City, State, Zip Code Telephone	Name of Last Supervisor: _____ Employed from (mm/yy): _____ To: _____ Rate of Pay: Start _____ Final: _____
Title	Reason for Leaving:
Duties	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Employer Address City, State, Zip Code Telephone	Name of Last Supervisor: _____ Employed from (mm/yy): _____ To: _____ Rate of Pay: Start _____ Final: _____
Title	Reason for Leaving:
Duties	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service Form I-9.

AFFIDAVIT

I certify that the answers given herein are true and completed to the best of my knowledge. I agree that the company shall not be liable in any respect if employment is denied me or if my employment is terminated because of false, incomplete or misleading information in my application or interview(s). I also authorize the companies, schools, or persons named above to release to the company all information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment for disclosing to the company any knowledge or information thereby acquired. I understand that between the company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or quarantine is binding upon the company. If an employment relationship is established, I understand that unless specifically limited in a formally executed contract, I have the right to terminate my employment at any time and for any reason and the company retains a similar right.

Signature

Date