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.

		PLEASI	E PRINT	IN INK				
NAME (As it appears on Social Security Card / Work Permit Card)	Lost			First		M.L.		
SOCIAL SECURITY NUMBER								
ADDRESS								
CITY, STATE, ZIP								
HOME TELEPHONE		MESSAGE CONTACT Name Area Code Number						
DAYTIME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD?							
OTHER NAMES YOU HAVE USED:								
POSITION APPLIED FOR:				SALARY REQUIREMENTS	: \$			
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:				
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? DIVES WHEN? DEPARTMENT:								
SUPERVISOR: REASON FOR LEAVING:								
FELONY? A CONVICTION WILL NOT REQUIRES DR			OR A POSITION WHICH IVING A VEHICLE, PLEASE FOLLOWING INFORMATION:			CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
□NO □YES If Yes, Give location, date, charge and disposition of case(s) on a separate page		I HAVE A VALID DRIVER'S LICENSE U YES U NO D.L.# STATE				☐ YES ☐ NO		

•				U.S. MILII	AKI	SERV	CE						
If you have served in the U.S. Military, please provide the following information:													
From: To:			Branc	Branch of Service									
, , , , , , , , , , , , , , , , , , , ,	Dates	Served						Туре	of Disch	arge			
				EDUCAT	ION /	SKILL	S						
EDUCATIONAL LEVEL	NAME		CITY	STATE		E YRS.	С	UNITS OMPLETE	D [EGREE	:	M	AJOR
HIGH SCHOOL					9 10	11 12							
COMMUNITY or JUNIOR COLL						2			+		\dashv		
BUSINESS or TRADE SCHOOL						2			+				
		······································			1 2	3 4							
COLLEGE or					1 2	3 4							
UNIVERSITY					1 2	3 4	_						
GRADUATE SCHOOL							-		+				
			COL	MPUTER S	OFT	NARE	SK	ILLS					
and the second	NO ETAMBE		001	Name of Softwa					Your P	roficienc	y With Th	ne Softw	are
COMPUTER SOFTWARE			☐ Skilled						☐ Competent ☐ Familiar				
Word Processing													
Spreadsheet								☐ Ski	lled	□ Co	mpetent	Ц	Familiar
Database								☐ Ski	lled	□ Co	mpetent		Familiar
Other								☐ Ski	iled	□ Co	mpetent	36.56	Familiar
		LICENS	ES/	CERTIFIC	ATIO	NS7C	RG	ANIZA	TION	\$			and the second
PROFES	TYP			PES OF LICENSES DATE ISSUED			REGISTRATION NUMBER			STATE		EXPIRES MO/YR	
and CERTIFICATIONS								(1)					
(1	ob Related)				-								
		I A OTIO		M	ANAE		T	DATE		N	AME		DATE
PROFESSI	ONAL, SCHO	TIONS	na	NAME			DATE						
(Job Related)													
Exclude memberships that Indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status											-		
JOB RELATED TRAINING													
VEAR COMPL						COMPLETED							
NAME OF COURSE			YEAR COMP	PLETED NAME OF COURSE						1.5,"			
				1									

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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 YO					Y SERVICE AND UNPAID OR DNUSES OR COMMISSIONS.	VOLUNTEER WORK
FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL	YRS	MOS.	YOUR POSITION	
					YOUR SUPERVISOR	
ADDRESS:					PHONE	
TYPE OF BUSINES	s		REASON	V FOR LEAD	VING	
BASE SALARY	/	_ [] MONTHLY	☐ WEEKLY [HOURLY	OTHER COMPENSATION,	BONUSES
BRIEF DESCRIPTION	ON OF YOUR DUTIES	& RESPONSIBLI	TIES			
FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL	YRS	MOS.	YOUR POSITION	
EMPLOYER:					YOUR SUPERVISOR	
ADDRESS:	<u></u>				PHONE	
TYPE OF BUSINES	s		REASON	N FOR LEA	VING	
BASE SALARY	STADT FINAL	_ MONTHLY	☐ WEEKLY [HOURLY	OTHER COMPENSATION,	BONUSES
BRIEF DESCRIPTION	ON OF YOUR DUTIES	& RESPONSIBLI	TIES			
FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL	YRS	Mos.	YOUR POSITION	
EMPLOYER:					YOUR SUPERVISOR	
ADDRESS:					PHONE	
TYPE OF BUSINES	s		REASON	N FOR LEA	VING	
					OTHER COMPENSATION,	
FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL	YRS	MOS.	YOUR POSITION	
					YOUR SUPERVISOR	
					PHONE	
					VING	
					OTHER COMPENSATION	
	START FINAL					
FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL	YRS	Mos.	YOUR POSITION	
EMPLOYER:					YOUR SUPERVISOR	
ADDRESS:			· · · · · · · · · · · · · · · · · · ·		PHONE	
TYPE OF BUSINES	s		REASO	N FOR LEA	VING	
					OTHER COMPENSATION	
BRIEF DESCRIPTION	START FINAL ON OF YOUR DUTIES	& RESPONSIBLI	TIES			
	EXPLANAT	ION OF INT	ERRUPTIO	NS IN	EMPLOYMENT HIS	TORY

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.

REFER	ENCES					
NAME	NAME					
ADDRESS	ADDRESS					
CITY,STATE,ZIP	CITY,STATE,ZIP					
DAYTIME PHONE	DAYTIME PHONE					
RELATIONSHIP(No Relatives)	RELATIONSHIP(No Relatives)					
NAME	NAMEADDRESS					
ADDRESS						
CITY,STATE,ZIP	CITY,STATE,ZIP DAYTIME PHONE					
DAYTIME PHONE	DEL ATIONS LIB					
RELATIONSHIP(No Relatives)	RELATIONSHIP	(No Relatives)				
EMERGENC	Y CONTACT					
NAME	RELATIONSHIP					
ADDRESS	CITY, STATE, ZIP					
HOME PHONEBUSINESS PHONE						
AUTHORIZATION	AND AGREEMENT					
	IT EMPLOYER(S): YES OMPLOYERS: YES O	NO				
record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.						
I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.						
I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.						
As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.						
I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.						
I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.						
I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.						
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHOR	IZATION AND AGREEMENT STA	TEMENTS.				
SIGNATURE OF APPLICANT	DATE					

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.

Name (please print)	
Signature	Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)