



APPLICATION FOR EMPLOYMENT

City of West Monroe

2305 N 7th St., West Monroe, LA 71291

Tel: (318) 396-2600 Fax: (318) 397-2382

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

The City of West Monroe is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

NAME:

(FIRST, MIDDLE, LAST NAME)

(MAIDEN NAME)

ADDRESS:

(FULL ADDRESS, CITY, STATE, AND ZIP CODE)

EMAIL:

CELL PHONE: _____

OTHER PHONE: _____

ARE YOU 18 OR OLDER? YES NO

IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE THE LEGAL RIGHT TO REMAIN IN THE U.S.? YES NO

What position are you applying for? _____ Expected pay: _____

Who referred you? _____ Work desired: FULL-TIME PART-TIME TEMPORARY

Have you ever worked for the City of West Monroe before? _____ If so, when? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ COMMERCIAL DRIVER'S LICENSE? _____

EDUCATION

PLEASE PROVIDE A COPY OF ANY DIPLOMAS, CERTIFICATES, OR TRANSCRIPTS FOR EDUCATION

HIGH SCHOOL MAILING ADDRESS YEARS COMPLETED DIPLOMA

COLLEGE/UNIVERSITY MAILING ADDRESS YEARS COMPLETED DIPLOMA

BUSINESS/TRADE SCHOOL MAILING ADDRESS YEARS COMPLETED DIPLOMA

OTHER EDUCATION (GRADUATE SCHOOL, TRADE PROGRAMS, ETC.)

MILITARY

BRANCH OF SERVICE AND RANK/TYPE:

SPECIAL TRAINING: DATE ENTERED: DISCHARGE DATE:

SKILLS AND CERTIFICATIONS

OFFICE MACHINES/SOFTWARE KNOWLEDGE:

MECHANICAL SKILLS:

Additional qualifications for this position:



APPLICATION FOR EMPLOYMENT

City of West Monroe

2305 N 7th St., West Monroe, LA 71291

Tel: (318) 396-2600 Fax: (318) 397-2382

WORK EXPERIENCE

(begin list with most recent employer)

EMPLOYER NAME

SUPERVISOR NAME

ADDRESS, CITY, STATE, ZIP

LAST JOB TITLE

PHONE NUMBER

EMPLOYMENT DATES: FROM

TO

Reason for leaving: _____

May we contact this employer? _____

List duties, job titles, skills and promotions while at this company: _____

EMPLOYER NAME

SUPERVISOR NAME

ADDRESS, CITY, STATE, ZIP

LAST JOB TITLE

PHONE NUMBER

EMPLOYMENT DATES: FROM

TO

Reason for leaving: _____

May we contact this employer? _____

List duties, job titles, skills and promotions while at this company: _____

EMPLOYER NAME

SUPERVISOR NAME

ADDRESS, CITY, STATE, ZIP

LAST JOB TITLE

PHONE NUMBER

EMPLOYMENT DATES: FROM

TO

Reason for leaving: _____

May we contact this employer? _____

List duties, job titles, skills and promotions while at this company: _____

REFERENCES

(do not list relatives or previous employers)

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

I certify that answers given here are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application to arrive at an employment decision. If hired, I understand that false and/or misleading information given in my application or interview(s) may result in termination.

SIGNATURE: _____

DATE: _____