



CITY OF MONROE

664 Commercial St./ P.O. Box 486
MONROE, OREGON 97456
(541)847-5175 PHONE
(541) 847-5177 FAX

The City of Monroe is an equal opportunity employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, mental or physical disability unless based upon a bona fide occupational qualification.

Directions: Supply an answer to every question. Write NA if the question is not applicable. **Sign your name when completed.** Failure to observe these directions will result in your application not receiving adequate consideration.

Position Applied For: _____
Position Title _____ Department _____

Are you at least 18 years of age? Yes No Today's Date: _____

Are you able to work at any of the City's sites? Yes No If No, please explain: _____

If you have worked for the city before, give dates: _____

1. Will you accept: (Check work you will accept)

Full Time Part Time Seasonal Shift Work

2. Can you work multiple shifts? (Please explain) _____

3. Name _____
Last Name First Name Middle Name

Home Phone _____ Message Phone _____ Work Phone _____

4. Mailing Address _____
Street City State Zip

E-Mail Address _____

Social Security Number

Driver's license number and state issued

5. Do you have a legal right to work in this country? Yes No Those selected for employment will be required to provide proof of right to work.

6. **EDUCATION RECORD** - if now in school, include present term.

Name And Location Of High School:

GRADUATED? Yes No

IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE A CERTIFICATE OF EQUIVALENCY (GED)?

Yes No IF YES, DATE RECEIVED: _____

Employing Firm	Address	From: _____ Month Year To: _____ Month Year Full Time: _____ Part Time _____ Start Salary \$ _____ Last Salary \$ _____
Job Title	Supervisor's Name and Phone Number	
Specific Duties		
Reason for leaving:		

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Affirmative Action Questionnaire

POSITION APPLIED FOR: _____

DATE: _____

NOTE TO APPLICANT

Please complete this form and submit it with your application. This form will be removed from your application, the information logged, and the form discarded. This information will be used for Equal Employment Opportunity statistical purposes only and will not be used to make any employment decision.

Please check appropriate box:

SEX: Male
 Female

ETHNIC IDENTIFICATION (Please check the **one** category that best represents your ethnicity):

- WHITE (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK (not of Hispanic origin):** All persons having origins in any of the black racial groups.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN or PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.