

EMPLOYMENT APPLICATION

EMAIL: metrocog@fmmetrocog.org

Read the certificate at the end of this questionnaire before filling in your answers. Print or type all answers. All questions and statements must be complete. If the appropriate answer is no or none, please state that as an answer. Fill out, print, and sign this form. If more space is required, provide an additional attachment.

Position Applying For: _____ Available Start Date: _____

1. PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Legal Name Change / Maiden Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____ Email Address: _____

2. EDUCATION LIST

School, Address	Did you Graduate?	Certificate / Diploma / Degree Earned	Major / Minor
High School	Yes No GED		N/A
College/University/Technical School	Yes No		
College/University/Technical School	Yes No		
College/University/Technical School	Yes No		

3. SPECIALIZED EDUCATION/SKILLS/CERTIFICATIONS

4. WORK EXPERIENCE (Past 5 years; all employment including part time, self-employment, and unemployment)

Current/Most Recent Employer: _____ **Position/Title:** _____

Employed From: _____ To: _____ Total Years: _____ Total Months: _____

Last Salary: _____ Reason for Leaving: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ May we contact this person? _____

Supervisor's Title: _____ Supervisor's Phone: _____

Primary Responsibilities: _____

Prior Employer: _____ **Position/Title:** _____

Employed From: _____ To: _____ Total Years: _____ Total Months: _____

Last Salary: _____ Reason for Leaving: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ May we contact this person? _____

Supervisor's Title: _____ Supervisor's Phone: _____

Primary Responsibilities: _____

Prior Employer: _____ **Position/Title:** _____

Employed From: _____ To: _____ Total Years: _____ Total Months: _____

Last Salary: _____ Reason for Leaving: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ May we contact this person? _____

Supervisor's Title: _____ Supervisor's Phone: _____

Primary Responsibilities: _____

Number of additional employer sheets attached: _____
For additional employer information sheets, see last page of application.

5. CURRENT LICENSES

Do you have a Driver's License? Yes No Do you have a CDL? Yes No

Driver's License Number: _____ State: _____

6. CURRENT PROFESSIONAL LICENSES / EXPERIENCE

License: _____ License Number: _____

Type of License/Skill: _____

License: _____ License Number: _____

Type of License/Skill: _____

License: _____ License Number: _____

Type of License/Skill: _____

7. REFERENCES

Name: _____ Relationship/Type of Reference: _____

Total Years Known: _____ Phone: _____ Email: _____

Name: _____ Relationship/Type of Reference: _____

Total Years Known: _____ Phone: _____ Email: _____

Name: _____ Relationship/Type of Reference: _____

Total Years Known: _____ Phone: _____ Email: _____

8. ARREST RECORD

Include traffic violations, but not parking tickets – list dates, places, charges, disposition, and details of the crime

Have you every pled guilty or been found guilty of a felony, including a felony that was later dismissed?

9. ADDITIONAL INFORMATION

How were you referred to the position? _____

Are you related to a current employee? Yes No Name: _____

If hired, can you provide proof that you are eligible to work in the United States? Yes No

Are you a veteran? Yes No Please attach a copy of your DD-214 form.

12. ATTACHMENTS TO APPLICATION

Cover Letter	Yes	No	Additional Attachment #1	Yes	No
Resume	Yes	No	Additional Attachment #2	Yes	No

CERTIFICATE

I represent and warrant the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief, AND FURTHER, in order that the AGENCY be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me, agreeing, as this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage of what so ever nature on account of furnishing such information. I acknowledge that **any false statement** knowingly made in answering the above questions is **good cause for removal from eligible register or discharge during or after probation.**

Applicant's Signature: _____

Date: _____

EEO STATEMENT

It is the continuing policy of the FM Metro COG to afford equal opportunity to qualified individuals regardless of their sex, race, creed, disability, or national origin, and to conform to applicable laws and regulations. Equal opportunity encompasses all aspects of employment practices to include, but not limited to, recruiting, hiring, training, compensation, benefits, promotions, transfers, layoffs, recall from layoffs, discipline, and agency-sponsored educational, social, recreational programs. Additionally, it is the policy of this agency to provide its members a viable means for communicating and resolving grievances and complaints regarding unlawful discriminatory employment practices. Any employee of the FM Metro COG who fails to comply with this policy is subject to appropriate disciplinary action.

EMAIL FORM

ADDITIONAL WORK EXPERIENCE

Prior Employer: _____ **Position/Title:** _____

Employed From: _____ To: _____ Total Years: _____ Total Months: _____

Last Salary: _____ Reason for Leaving: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ May we contact this person? _____

Supervisor's Title: _____ Supervisor's Phone: _____

Primary Responsibilities: _____

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