MUC | Monticello Utility Commission — THE CITY OF Monticello KENTUCKY 1801

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last   *First*   *M.I.*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.:_____ Desired Salary:**$**_____

Position Applied for: _____

	YES	NO		YES	NO
Are you a citizen of the United States?	☐	☐	If no, are you authorized to work in the U.S.?	☐	☐

Have you ever worked for this company?   YES ☐   NO ☐   If yes, when?_____

Education

High School: _____ Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Diploma:_____

College: _____ Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

Other: _____ Address:

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

References

Please list three professional references.

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$**_____ Ending Salary:**$**_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

YES   NO

May we contact your previous supervisor for a reference? ☐   ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$**_____ Ending Salary:**$**_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

YES   NO

May we contact your previous supervisor for a reference? ☐   ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$**_____ Ending Salary:**$**_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

YES   NO

May we contact your previous supervisor for a reference? ☐   ☐

Military Service

Branch: _____ From:_____ To:_____

Rank at Discharge: _____ Type of Discharge:_____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date:_____