



Sheriff J. David Hoffman

Monroe County Sheriff's Office

APPLICATION FOR EMPLOYMENT
Monroe County is an Equal Opportunity Employer
COUNTY CLERK'S OFFICE - COURTHOUSE

Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing this application.

Position applied for: _____

Department: _____

Date: _____ **Social Security Number:** _____ - _____ - _____

Name: _____ **Telephone:** _____
Last First Middle

Address: _____
Street City State Zip

Driver's License Number: _____ **State:** _____

Check the type of work for which you are applying: _____ **Full Time** _____ **Part Time**

How long do you anticipate being employed by the County? _____

When would you be able to start work with the County ? _____

Have you ever worked for the County before? _____ **If yes, explain when, in what capacity and reason for leaving.**

When: _____

In What Capacity: _____

Reason for Leaving: _____

Do you have any relatives currently employed by the county? _____
If yes, state the name (s), relationship (s), and department(s) in which employed:

WORK EXPERIENCE

Note: Not answering all items in the following section may eliminate you from further consideration. Be sure to provide phone numbers for your most recent employers. If you have been discharged from any position, please describe in detail.

1. Previous Employer _____

Address _____
Street _____ **City** _____ **State** _____ **Zip** _____

Phone _____

Employment Dates—**From** _____ **TO** _____

Position _____ **Supervisor's Name** _____

Main Duties _____

Final Salary _____ **Per** _____

***Reason for leaving** _____

2. Previous Employer _____

Address _____
Street _____ **City** _____ **State** _____ **Zip** _____

Phone _____

Employment Dates -----**From** _____ **TO** _____

Position _____ **Supervisor's Name** _____

Main duties _____

Final Salary _____ **Per** _____

***Reason for leaving** _____

- **If you indicate that you have been discharged from a position, please make any comments, which you feel may help clarify circumstances causing the discharge.**

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE ? _____

PLEASE READ CAREFULLY AND SIGN – APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.

The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. My signature authorizes the County to review my previous employment record, my driving and criminal records and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I also understand that for some positions, an offer of employment with the County may be contingent upon the results of a physical examination.

Date **Signature of Applicant**

FURTHER INFORMATION

Are you a United States Citizen? _____

Are you over 21 years of age? _____

Have you ever been convicted of a felony crime? _____

If yes, explain: _____

Are you willing to sign for and agree to conditions of employment of the County that have been reviewed and are in accord with known state and federal law? _____

Signature of Applicant