

**PROMOTIONAL OPPORTUNITY/TRANSFER APPLICATION FORM
MONROE COUNTY BOCC
HUMAN RESOURCES SECTION**



NAME:	DEPARTMENT:
Social Security Number: - Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes - -	LOCATION:
EMPLOYMENT DATE:	WORK PHONE:
PRESENT JOB TITLE:	BULLETIN DATE:

NAME OF JOB CLASSIFICATION APPLYING FOR, DEPARTMENT, AND LOCATION:
BRIEF DESCRIPTION OF YOUR QUALIFICATION FOR THIS POSITION (JOB INTERVIEWS WILL BE BASED ON INFORMATION SUBMITTED WITH THIS APPLICATION)

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

DEPARTMENT HEAD'S SIGNATURE _____ DATE _____

If the employee is unable to obtain the Supervisor or Department Head signature(s) in a timely manner, the employee should have the original form date stamped by the Human Resources Representative, who will make a copy to ensure consideration for the position in accordance with policies.

BELOW FOR INTERVIEWING DEPARTMENT AND HUMAN RESOURCES USE ONLY

**Teamsters Local Union No. 769 Contract Article 22.3, covering designated blue collar employees, requires that the employee not have any disciplinary actions (written warning or greater) during the preceding three-month period. Senior employees have preference - all things being equal.*

DATE AND TIME OF INTERVIEW _____

INTERVIEWER'S NAME, PHONE & LOCATION _____

REMARKS: _____

RECEIVING DEPARTMENT HEAD'S SIGNATURE _____ DATE _____

If selected for position and if the employee has been in present position less than 6 months, prior approval of the Division Director(s) and County Administrator must be obtained in accordance with Section 2.12 Personnel Policies and Procedures.

Current Division Director Division Director of position applied County Administrator

AFTER SELECTION IS MADE: COPY: EMPLOYEE *Attachments (2): DOT/SAF SENS EEO*
 ORIGINAL: PERSONNEL FILE

UPDATED MONROE COUNTY EMPLOYMENT EXPERIENCE ATTACHMENT 1

Start with your present or last job.

1. Present Department		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving				
2. Department		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving				
3. Department		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving				
4. Department		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

APPLICANTS APPLYING FOR SAFETY SENSITIVE POSITIONS ONLY

APPLICANT NAME _____	DATE _____
POSITION APPLYING _____	

IN HOUSE PROMOTIONAL OPPORTUNITY APPLICANT

Only fill out below if you are NOT currently in a safety sensitive position.

HAVE YOU HELD OR PREVIOUSLY APPLIED FOR A SAFETY SENSITIVE POSITION, AS DEFINED BELOW, WITHIN THE PAST 3 YEARS OTHER THAN MONROE COUNTY EMPLOYMENT?

YES NO

***If YES, have employee sign authorization to release form**

OUTSIDE APPLICANT

HAVE YOU HELD OR PREVIOUSLY APPLIED FOR A SAFETY SENSITIVE POSITION, AS DEFINED BELOW, WITHIN THE PAST 3 YEARS?

YES NO

***If YES, have employee sign authorization to release form**

DEFINITION OF SAFETY SENSITIVE: A MOTOR VEHICLE OR COMBINATION OF MOTOR VEHICLES USED TO TRANSPORT PASSENGERS OR PROPERTY OF THE MOTOR VEHICLE; HAS A GROSS COMBINATION WEIGHT RATING OF 26,001 OR MORE POUNDS, INCLUSIVE OF A TOWED UNIT WITH A GROSS VEHICLE WEIGHT RATING OF MORE THAN 10,000 POUNDS; OR, HAS A GROSS VEHICLE WEIGHT RATING OF 26,001 OR MORE POUNDS; OR, IS DESIGNED TO TRANSPORT SIXTEEN (16) OR MORE PASSENGERS, INCLUDING THE DRIVER; OR, IS OF ANY SIZE AND IS USED IN THE TRANSPORTATION OF MATERIALS FOUND TO BE HAZARDOUS FOR THE PURPOSES OF THE HAZARDOUS MATERIALS TRANSPORTATION ACT AND WHICH REQUIRE THE MOTOR VEHICLE TO BE PLACARDED UNDER THE HAZARDOUS MATERIALS REGULATIONS (49 C.F.R. part 172, subpart F).

Employer, remove this page

Please fill out the below information. This information will be utilized for the annual EEO-4 report that is required by State and Local Government Agencies and other governmental surveys. This information will be kept separate from your employment application and/or Human Resources file. Completion of this form is voluntary.

Please check below:

EMPLOYEE

APPLICANT

DATE: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING _____

MALE APPLICANTS:

AA	WHITE MALE, NON-HISPANIC	<input type="checkbox"/>
AB	BLACK MALE, NON-HISPANIC	<input type="checkbox"/>
AC	WHITE MALE, HISPANIC	<input type="checkbox"/>
AD	BLACK MALE, HISPANIC	<input type="checkbox"/>
AE	ASIA OR PACIFIC ISLANDER, MALE	<input type="checkbox"/>
AF	AMERICAN INDIAN/ALASKAN NATIVE, MALE	<input type="checkbox"/>

FEMALE APPLICANTS:

BA	WHITE FEMALE, NON-HISPANIC	<input type="checkbox"/>
BB	BLACK FEMALE, NON-HISPANIC	<input type="checkbox"/>
BC	WHITE FEMALE, HISPANIC	<input type="checkbox"/>
BD	BLACK FEMALE, HISPANIC	<input type="checkbox"/>
BE	ASIA OR PACIFIC ISLANDER, FEMALE	<input type="checkbox"/>
BF	AMERICAN INDIAN/ALASKAN NATIVE, FEMALE	<input type="checkbox"/>

OTHER _____