

City of Marion
Employment Application Form

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Please email completed application to:
knolan@marionnc.org

OFFICE USE ONLY:

Date received:

Reviewed by:

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address? _____

Telephone () _____

Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____NO

Are you currently authorized to work in the United States? ____YES ____NO. Proof of eligibility will be required if hired.

Position applied for _____

How did you learn of this opening? ESC _____ Newspaper _____
Friend/Relative _____ Other _____

Were you previously employed by us? ____YES ____NO If yes, when _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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APPLICATION FOR EMPLOYMENT

Are you related by blood or marriage to any person now working for the City of Marion? ☐ Yes ☐ No

If yes, persons name _____

What is your means of transportation to work? _____

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's license
number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur
Expiration date _____

Have you had any accidents during the past three years? ☐ Yes ☐ No How many? _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No How Many? _____

OFFICE
POSITIONS ONLY

Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC Mac		<input type="checkbox"/> <input type="checkbox"/>	Other Skills	_____ _____	

Please list two references other than relatives.

Name _____

Position _____

City _____

Address _____

Telephone () _____

Name _____

Position _____

City _____

Address _____

Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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MILITARY

Have you ever been in the armed forces?

☐ Yes ☐ No

Are you now a member of the national guard?

☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

**Work
Experience**

Please list your work experience for the **past seven years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer
Address
City, State, Zip Code
Phone number

Name of last
supervisor

Employment dates

Pay or salary

From
To

Start
Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer
Address
City, State, Zip Code
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supervisor

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Work experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No If not, who did? _____

Please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

PLEASE READ EACH STATEMENT CAREFULLY

APPLICATION FORM WAIVER

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that a background check of my driving, criminal, credit or other records may be conducted before employment. I permit the City of Marion to conduct a police and court records investigation of my background if relevant for the job for which I am applying. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I authorize any and all of my current and previous employers, including the US Government or US Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide the City of Marion with any job related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of federal or state law. I also waive any right I may have to review confidential material or information received by The City of Marion from a person, employer or institution.

I understand that if I am extended an offer of employment, it may be considered upon my successfully passing a complete pre-employment physical exam. I agree to provide any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment, as required by the City of Marion Policy.

I certify that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO ALL STANDARDS AS LISTED:

Full Name (Please Print)

Signature

Date

The City of Marion is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with City of Marion depends solely on your qualifications.

Thank you for completing this application form and for your interest in our City.