

# Marion County

## APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete all sides of the form. If more space is needed to complete any questions, use an extra sheet of paper. Print clearly; illegible applications will not be processed.

All qualified applications will receive consideration without unlawful discrimination because of race, creed, religion, color, sex, sexual orientation, gender identity, age, national origin or disability.

Last Name		First		Middle	
Street Address			Are you at least 18 years of age?		Do you have a legal right to work in the United State full-time? Yes _____ No _____
			Yes _____ No _____		
City/Town		State		Zip Code:	
Position you are applying for: (Maximum of 2)  1.  2.					Telephone Number(s) ( ) ( )
					Date Available:
Have you ever been employed by Marion County? Yes _____ No _____ If yes, give dates you were employed:			Position		Reason for Leaving

List all of the formal education that you have completed. Use a separate sheet of paper if you need additional space.

Name/Location	Did You Graduate?	Major Subject
High School(s)	YES _____ NO _____ If no, list the highest level completed:	
College(s)	YES _____ NO _____ If no, list the highest level completed:	
Trade School(s)	YES _____ NO _____ If no, list the highest level completed:	

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List employment starting with your most recent job during the past 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use back or separate sheet of paper if necessary.

Employer:  Telephone #: (    )	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	
Employer:  Telephone #: (    )	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	
Employer:  Telephone #: (    )	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	
Employer:  Telephone #: (    )	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	
<b>May we contact your current employer?</b> Yes _____ No _____			

List any professional, trade groups, organizations, machinery/tools operated in past, or special skills that you consider relevant to your ability to perform

this job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Were you in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch: \_\_\_\_\_

Do you have any experience from your military service that would be relevant to the job(s) for which you are applying?

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? (For purposes of this questions, convicted includes plead guilty, plead no contest or been given a deferred sentence of judgment.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Note:** A conviction will not automatically disqualify an applicant for a particular job and that the type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.

Have you been given a job description or had the requirement of the job explained to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Answer the questions in this box only if you have received a copy of the job description or had the requirements of the job thoroughly explained to you.

Do you understand the requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the requirement of this job with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If the job requires, do you have the appropriate valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

DL#: \_\_\_\_\_ Type: \_\_\_\_\_ State of License \_\_\_\_\_

Have you had any moving violations? Please describe:

\_\_\_\_\_  
Signature: (if signed at different time than below) Date: (if different than below)

**I understand:**

That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

That giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.

That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company at the post-offer stage. I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations.

That use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a pre-employment physical examination. I also understand that, if employed, I may be required to submit to an alcohol or drug screening according to state law. I agree that this organization shall be entitled to receive full and complete reports and records governing any alcohol or drug screening, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations.

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That if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations, condition, care and treatment related to or resulting from the alleged illness or injury.

### I understand:

That this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

### Authorization to Release Information

If I am given a conditional offer, I authorize this organization to make a complete investigation of me, including but not limited to my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history and to receive the results of any physical examination, including the results of alcohol or drug screening, I may be required to undergo and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer-reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to this organization within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (fax) or photographic copy shall be as valid as the original.

I understand if employment is obtained under this application, I will comply with all rules and policies of the company. I agree to be responsible for company property and equipment issued to me by the company until returned by me. I agree to pay for property and equipment not returned, and authorize the company to withhold an amount equal to the value of the property not returned by me from my final pay.

I understand that this employment application and any other employee related documents are not contracts of employment and that this organization follows an "employment-at-will" policy that an individual who is hired may voluntarily leave employment, and may be terminated by the employer at any time and for any or no reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

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Signature of Applicant:

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Date:

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**CONFIDENTIAL INFORMATION**

Not for Interview Purposes – To Be Filled Separately From Application

Date: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral Source:

Advertisement     Employee     Relative     Walk-in     School  
 Government Employment Agency     Private Employment Agency

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

(Please Check One)

1. American Indian or Alaskan Native: persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

2. White, not of Hispanic Origin: persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

3. Black, not of Hispanic Origin: persons having origins in any of the Black racial groups of Africa.

4. Asian, or Pacific Islander: persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

5. Hispanic: persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

6. Other: (please specify) \_\_\_\_\_

Male     Female     Age

**SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:**

Government contractors subject to the Vietnam Era Veterans, Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam war, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodations. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE.

Vietnam War Veteran     Disabled Veteran     Handicapped Individual