



EMPLOYMENT APPLICATION

Application must be completed in its entirety. Resumes are accepted as additional information only.

Town of Marion

We consider applicants for all positions without regard to race, creed, color, national origin, religion, sex or sexual orientation, age, marital status, veteran status, disability, handicap or any other legally protected status.

Date _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip Code

Telephone _____ Social Security Number _____

Are you legally eligible for employment in the US? _____ (Proof of Citizenship or immigration status will be required upon employment.)

Position applied for _____ Salary/Wages expected _____

When will you be available for work? _____

Type of work desired () Full Time () Part Time () Temporary () Shift Work

Previously employed by the Town of Marion? () yes () no If yes, dates from/to _____

Driver's License No. _____ Expiration Date _____

Have you ever been convicted of a felony? ___ If yes, explain _____

List relatives working here _____

POSITION

EDUCATION

Name and Location	Dates From	To	School Years Completed	Did you Graduate?	Degree or course of study
High School					
College (s)					
Graduate School or Other Education					

SKILLS

Have you ever been discharged or asked to resign a job? _____

If yes, Explain _____

Machines/ Equipment Operated _____

MILITARY

Branch of Service _____ Date entered _____ Date discharged _____

Major duties: _____

Are you currently a member of military reserves or national guard? _____

ADDITIONAL DATA

Use this space to give any additional information you desire concerning work experience, special skills, qualifications acquired, education, accomplishments, etc.

Start with your present or most recent job

Employer _____ Job Title _____
Address _____ Job Duties _____

Telephone () _____ Rate of pay: Start _____ Finish _____
Dates employed: From _____ To _____ Supervisor _____
Reason for leaving _____ May we contact? _____

Employer _____ Job Title _____
Address _____ Job Duties _____

Telephone () _____ Rate of pay: Start _____ Finish _____
Dates employed: From _____ To _____ Supervisor _____
Reason for leaving _____ May we contact? _____

Employer _____ Job Title _____
Address _____ Job Duties _____

Telephone () _____ Rate of pay: Start _____ Finish _____
Dates employed: From _____ To _____ Supervisor _____
Reason for leaving _____ May we contact? _____

Employer _____ Job Title _____
Address _____ Job Duties _____

Telephone () _____ Rate of pay: Start _____ Finish _____
Dates employed: From _____ To _____ Supervisor _____
Reason for leaving _____ May we contact? _____

List three references who are not relatives or previous employers.

Name _____ Occupation _____
Address _____ Phone No. (_____) _____ Years Known _____
Name _____ Occupation _____
Address _____ Phone No. (_____) _____ Years Known _____
Name _____ Occupation _____
Address _____ Phone No. (_____) _____ Years Known _____

I hereby authorize the Town of Marion to make any inquiry or investigation they may deem necessary and proper for employment consideration.

Applicant Signature _____

EMPLOYMENT HISTORY

REFERENCES

Town of Marion
P.O. Box 1005
Marion, Virginia 24354
(276) 783-4113



JOB APPLICANT'S AGREEMENT CERTIFICATION

I certify that the information given in this application is correct and I authorize investigation of all statements contained in it. It is understood and agreed that any misrepresentation or omission of information may result in the cancellation of my application or my separation from employment regardless of when the misrepresentation or omission is discovered.

I agree to submit to a physical examination, including a drug test, whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination and drug test, related to my job duties in accordance with town policies and procedures.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the Town may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six months from the date of completion, after which time I would have to reapply in accordance with established procedures.

I authorize the Town of Marion to use any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. A photostatic copy of this authorization may serve as an original for anyone requiring any authorization to release information. I release all such persons from any liability or damages on account of having furnished such information.

Signature

Date

NOTICE TO APPLICANTS OF TOWN OF MARION

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require any accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the individual administering the test.

If an offer of employment is made and because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

I understand the examining physician may ask questions regarding my current health condition, health history, health insurance claim and worker's compensation claim history, and that all such information will be retained in confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

Signature

Date