



# 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		School Years Completed	Did you Graduate?	Degree or course of study
	From	To			
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.

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EMPLOYMENT HISTORY

**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 \_\_\_\_\_  
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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 \_\_\_\_\_

REFERENCES

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

Applicant Signature \_\_\_\_\_

**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