

APPLICATION for EMPLOYMENT		MARION COUNTY		DATE OF APPLICATION
PLEASE PRINT				
PERSONAL INFORMATION:		SOCIAL SECURITY NUMBER:		
Last Name		First Name		Middle Initial
Address (Street Number and Name)			City/State/Zip	
Phone Number:		U.S. Citizen Yes No Green Card		
Have you been convicted of or pleaded no contest of a felony? If yes, explain: _____				
Emergency Contact Name:			Phone Number:	
Position Applied for:			Salary Desired:	
Date you can start:		Are you employed now?		
If so may we inquire of your present employer? _____				
EDUCATION:				
High School Graduate:		Yes No		
GED:	Yes No	CDL:	Yes No	If yes, Class _____
Special Skills/Licenses/Certificates: _____				
Higher Education: List schools attended/graduated from and degrees obtained				
EMPLOYMENT HISTORY:				
Employer:		Phone:		
Supervisor:		Position Title:		
Job Duties:				
Date Started:		Date Ending:		Reason for Leaving:
Employer:		Phone:		
Supervisor:		Position Title:		
Job Duties:				
Date Started:		Date Ending:		Reason for Leaving:

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Employer:		Phone:	
Supervisor:		Position Title:	
Job Duties:			
Date Started:	Date Ending:	Reason for Leaving:	
Employer:		Phone:	
Supervisor:		Position Title:	
Job Duties:			
Date Started:	Date Ending:	Reason for Leaving:	

Do you have any relatives working here? Yes No If yes list names and their relation to you:

REFERENCES:

Name:		
Title:		
Address:		
Phone:		

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all the information listed above.

I understand that any employment is conditioned on a background check. I authorize the County to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the County, without giving me prior notice of such disclosure. In addition, I release the County, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the County. No Promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the County unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the County and as permitted by law. I consent to such examinations and tests and request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy. of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired I agree to abide by all Company work rules, policies and procedures. The retains the right to revise its policies or procedures in whole or in part at any time.

Signature: _____ Date: _____