

APPLICATION FOR EMPLOYMENT



The City of Marion, Illinois is a Drug Free Workplace and an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____

Employment Position

Position(s) applying for and at which facility: _____
How did you hear about this position? _____
What days are you available for work? _____
What hours or shifts are you available for work? _____
If needed, are you available to work overtime? _____
On what date can you start working if you are hired? _____

Personal Information

Have you ever applied to or worked for City of Marion, Illinois before? _____
If yes, when? _____

Please list any relatives, friends, or acquaintances you may have that currently work for the City of Marion.

Are you 18 years of age or older? Yes No
Are you a U.S. citizen or approved to work in the United States? Yes No
What documentation can you provide as proof of citizenship or legal status? _____
Do you consent to a mandatory controlled substance test? Yes No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military

Are you a member of the Armed Services? _____
What branch of the military did you enlist? _____
What was your military rank when discharged? _____
How many years did you serve in the military? _____

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

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Job Title: _____
Supervisor Name: _____
Employer Address: _____
Employer Telephone: _____
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Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References

Please provide 3 personal and/or professional reference(s) below:

Reference	Contact Information

Additional Information

Specialized Skills: _____

List professional, trade, business or civic activities and offices held: _____

Other qualifications: _____

Applicant Signature: _____ **Date:** _____

** PLEASE NOTE: No applicant is obligated to disclose any expunged records, adjudication, or arrest while they were a juvenile pursuant to Illinois Public Act 100-0285, including any ordinance violations. Furthermore, any information obtained through this application process regarding any expunged juvenile record is confidential and will NOT be disclosed in any manner by the City.

For Office Use Only

Reviewed by _____ Date _____

Interviewed by _____ Date _____

Pre-Employment Screening Scheduled

Employment Application and Authorizations Forwarded to HR

Drug Test Complete Background Check Complete

New Hire Information Given to City Clerk for Agenda

Council Approval Date: _____