

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude Organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Telephone ()	Dates Employed		Work Performed
Address		From	To	
Job Title				
Supervisor		Hourly Rate/Salary		
Reason for Leaving		Starting	Final	

Employer	Telephone ()	Dates Employed		Work Performed
Address		From	To	
Job Title				
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Employer	Telephone ()	Dates Employed		Work Performed
Address		From	To	
Job Title				
Supervisor		Hourly Rate/Salary		
Reason for Leaving		Starting	Final	

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications acquired from employment or other experience _____

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Education

	Elementary	High	College University	Graduate Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received: Share any additional information you feel may be helpful to us in considering your application				

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document, nor any offer of employment from the employer, constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by rules and regulations of the employer.

Signature

Date

For Personnel Department Use Only

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks	_____	
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No Date of Employment _____
Job Title	_____	
Hourly Rate/Salary	_____ Department _____	
By:	_____	_____
	Name and Title	Date

Indicate languages you speak, read, and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business, or civic activities and offices held (you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

Handicapped individual Disabled Veteran Vietnam Era Veteran

Signed _____

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