

# **APPLICATION FOR EMPLOYMENT**

## PESONAL INFORMATION:

DATE: \_\_\_\_\_ s.s.#: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Frist Middle

Present  
Address: \_\_\_\_\_  
Street City State Zip

Permanent  
Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Citizen of USA: Yes or NO

If related to anyone in our employment  
State name and department \_\_\_\_\_

Referred By: \_\_\_\_\_

## **EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

| EDUCATION   | Name & Location of School | Years Attended | Date Graduated |
|-------------|---------------------------|----------------|----------------|
|             |                           |                |                |
| High School |                           |                |                |
|             |                           |                |                |
| College     |                           |                |                |
|             |                           |                |                |
| Other       |                           |                |                |
|             |                           |                |                |
|             |                           |                |                |



**CONSENT, NOTICES, & DECLARATIONS**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any notice.

Drivers License Number: \_\_\_\_\_ Do you have a CDL's Yes \_\_\_\_\_ No \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARION COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**