JOB APPLICATION

City of Marion Illinois
1102 Tower Square Plaza, Marion, Illinois 62959
618.993.6603

City Of Marion Illinois is 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.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for City of Marion Illinois before?   Yes   No

If yes, when?

_____

Do you have any friends, relatives, or acquaintances working for City of Marion Illinois   Yes   No
If yes, state name & relationship:

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 document can you provide as proof of citizenship or legal status?

Will 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? _____

What military skills do you possess that would be an asset for this position?

_____

_____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

References

Please provide 3 personal and 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: _____   Dated: _____