

# JOB APPLICATION



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

The 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.

## **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, please list their name and relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

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?

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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:

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**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?

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**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

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

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Other qualifications

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**\*\* 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.

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

**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: \_\_\_\_\_