

Application For Employment



208 E. Santa Fe
Marion, KS 66861
Ph. 620-382-3703
Fax 620-382-3993

The City of Marion is an EOE therefore the city accepts applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Positions(s) Applied For:				Date of Application:	
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number (s)				Social Security Number	

If you are under 18 years of age, can you provide required Proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

If Yes, give date

☐ Yes ☐ No

Have you ever been employed with us before?

If Yes, give date

☐ Yes ☐ No

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Best time to contact at home? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Are ☐ Shift-Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years?

If Yes, please explain,

☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location				
Years Completed		1 2 3 4	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities:				
Describe any honors you have received:				
State any additional information you feel needs considered:				

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:

References

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

1.

2.

3.

Have you ever had any job-related training in the United States military?

☐ Yes ☐ No

If Yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying? ☐ Yes ☐ No

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Experience

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

1.	Employer	Dates Employed		Work Performed
		FROM	TO	
	Address			
	Telephone Number (#)	Hrly Rate / Salary Starting Final		
	Job Title Supervisor			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		FROM	TO	
	Address			
	Telephone Number (#)	Hrly Rate / Salary Starting Final		
	Job Title Supervisor			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		FROM	TO	
	Address			
	Telephone Number (#)	Hrly Rate / Salary Starting Final		
	Job Title Supervisor			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		FROM	TO	
	Address			
	Telephone Number (#)	Hrly Rate / Salary Starting Final		
	Job Title Supervisor			
	Reason for Leaving			

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



Consent to Pre-Employment Testing

Applicant name: _____

DRUG TESTING CONSENT

I, _____, hereby consent to provide a urine specimen and/or blood, hair or saliva specimens for the purpose of testing for the presence of prohibited drugs. I understand that the test results will be sent to the Medical Review Officer and/or employer's designated representative who is responsible for the company's drug testing program, unless prohibited by law. I understand that refusing to provide or tampering with a urine/hair specimen or providing false information on a specimen's chain of custody form, may constitute grounds for the termination of my employment. I understand that failure to pass the drug test may result in disciplinary action up to and including termination.

_____ (initial) I consent freely and voluntarily to the company's request for a specimen. I hereby release and hold harmless the company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

I understand that all information derived from this test will be kept confidential and released only to my employer's designated representative. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.

ALCOHOL TESTING CONSENT

I, _____, hereby consent to provide a blood, breath, urine, or saliva specimens for the purpose of testing for the presence of alcohol. I understand that this information will be sent to my employer's designated representative who is responsible for the company's drug/alcohol program.

I understand that the failure to pass the test may result in disciplinary action up to and including termination.

_____ (initial) I consent freely and voluntarily to the company's request for a specimen. I hereby release and hold harmless the company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

Applicant signature

Date: _____



Consent to Background Check

Applicant name: _____

Address: _____

Social security number: _____

Driver's license state: _____ **Drivers license number:** _____

This form authorizes The City of Marion to obtain background information and must be completed by the applicant. The City of Marion will keep the completed form on file to process a periodic background check for any applicant actively employed by The City of Marion.

I, _____ (applicant's complete name), hereby authorize The City of Marion, Kansas and/or its agents to make an independent investigation of my background, criminal, or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application, and/or obtaining other information.

I understand that this information may be material to my qualifications as an employee now, and if applicable, during the tenure of my employment with The City of Marion. I further understand that this form will be valid at any time after receipt of this authorization to permit The City of Marion to conduct regular background checks throughout my employment.

I release The City of Marion and/or its agents, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The City of Marion, and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including but not limited to, addresses, social security numbers, and dates of birth.

I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Date: _____

Applicant signature

Applicant's Statement

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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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes ☐ No ☐

Remarks:

Employed ☐ Yes ☐ No

Date of Employment

Interviewer

Date

Job Title _____

Hour Rate/
Salary _____

Department _____

By _____

Name and Title

Date

Notes:
