



**Town of Marion
Application for Employment**

Date _____ SS# _____ - _____ - _____

Full name _____ Tel. # _____

Address _____ DOB _____

How long at this address _____ Married _____ Single _____

Previous address _____

Type of work desired _____

High school attended _____ Graduate? _____

Additional education _____ Graduate? _____

Are you willing to have an examination by a physician designated by the Town of Marion? _____

Presently employed by _____

Address _____ Tel. # _____

Previous employer _____

Preceding previous employer _____

Experience in line of work desired (continued other side) _____

Are you willing to work days, evenings, Sundays, holidays or overtime as required? _____

Are you willing to accept the prevailing Town wage scale? _____

Approximate starting salary expected (hourly or weekly) _____

If employed, do you agree to provide proof of citizenship or naturalization? _____

If interviewed, do you agree to undergo a police background check? _____

List three personal references, other than relatives:

_____ Tel # _____

_____ Tel # _____

_____ Tel # _____

Signature

Do not write below this line

Interviewed by _____ Date _____ Time _____

Referred to _____

Comments _____

Starting rate of pay _____ Starting date _____