

AN ALL KENTUCKY CITY

Employment Application Return To:

217 S. Main St. Marion, KY 42064

		Appl	icant Inforn	nation		
Full Nan	ne:				Date://_	*****
	Last	First		M.I.		
Address:	Street Address				Apartment/ Unit #	
	Succi Address	•			Aparunent/ Omt #	
	City		Sta	te	Zip Code	*****
Phone:			Email Addr	ress:		
Date Ava	ilable:	Social Securit	y No.:		Desired Salary:	
Position .	Applying For:					
	would you be able the United States? [e of your U.S	S. citizens	ship or proof of your legal rigl	ht to
If hired,	are you willing to s	ubmit to and pass	a controlled	substance	te test? [] Yes or [] No	
Have you	ı ever worked for T	he City of Marior	n?:	[]Yes	or [] No	
If so, who	en?					
Have you	ı ever been convicto	ed of a felony?[]	Yes or [] No	ı		
If yes, ex	plain:					

Previous Employment Company: _____ Phone: _(___)___ Address: _____ Supervisor: _____ Job Title: _____ Starting Salary: \$____ Ending Salary: \$____ Responsibilities: From: _____ To: ____ Reason for Leaving: ____ May we contact your previous supervisor for a reference? [] Yes or [] No Company: _____ Phone: _(___)___ Address: _____ Supervisor: _____ Job Title: _____ Starting Salary: \$____ Ending Salary: \$____ Responsibilities: From: _____ To: ____ Reason for Leaving: _____ May we contact your previous supervisor for a reference? [] Yes or [] No Company: _____ Phone: () Address: _____ Supervisor: ____ Job Title: _____ Starting Salary: \$____ Ending Salary: \$____ Responsibilities: From: _____ To: ____ Reason for Leaving: _____ May we contact your previous supervisor for a reference? [] Yes or [] No Military Service Branch: ______ To: _____ Rank at Discharge: _____ Type of Discharge: _____ If other than honorable, explain:

	Education
High School: _	Address:
From:	To: Did you Graduate? [] Yes or [] No Diploma:
College:	Address:
From:	To: Did you Graduate? [] Yes or []
Degree:	
Other:	Address:
From:	To: Did you Graduate? [] Yes or []
Degree:	
	References professional references.
Full Name:	Relationship:
Company:	Phone:
Address:	
	Relationship:
Company:	Phone:
Address:	
	Relationship:
Company:	Phone:
Address:	

Applicant's Statement

I certify that answers given herein are true and complete.

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 this 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.

Digitature of Applicant	Dale		
Signature of Applicant	Date		