



# City of Marion Employment Application

Marion City Hall • 1225 6<sup>th</sup> Avenue • Marion, Iowa 52302  
 (319) 743-6300 • Fax (319) 377-7892 • [www.cityofmarion.org](http://www.cityofmarion.org)

Full Legal Name (Last, First, Middle):	Primary phone:	Secondary/cell phone:
Mailing Address:	E-mail address:	
City, State and Zip Code:	County of residence:	

Position you are applying for:	Closing Date:	Available to start work on:
Check all types of work you will accept: <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Rotating shift <input type="checkbox"/> 1 <sup>st</sup> shift <input type="checkbox"/> 2 <sup>nd</sup> shift <input type="checkbox"/> 3 <sup>rd</sup> shift		
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under the age of 18 list your date of birth:	
Are you a veteran of the US Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you are currently employed, may we check with your present supervisor?  Yes  No

<b>A</b>	Name of present/last employer	Supervisor's name	Supervisor's title	Supervisor's phone
Employer Address			Type of business	Start Date   End Date
Your Job Title	Reason for leaving/wanting to leave	Hours per week	Starting pay	Ending pay
Describe job responsibilities:				
<b>B</b>	Name of previous employer	Supervisor's name	Supervisor's title	Supervisor's phone
Employer Address			Type of business	Start Date   End Date
Your Job Title	Reason for leaving	Hours per week	Starting pay	Ending pay
Describe job responsibilities:				
<b>C</b>	Name of previous employer	Supervisor's name	Supervisor's title	Supervisor's phone
Employer Address			Type of business	Start Date   End Date
Your Job Title	Reason for leaving	Hours per week	Starting pay	Ending pay
Describe job responsibilities:				
<b>D</b>	Name of previous employer	Supervisor's name	Supervisor's title	Supervisor's phone
Employer Address			Type of business	Start Date   End Date
Your Job Title	Reason for leaving	Hours per week	Starting pay	Ending pay
Describe job responsibilities:				

Please list three professional references (people you have worked for or with)		
Name	Relationship (Co-worker, Supervisor, etc)	Contact Number

Are you a high school graduate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No			If No, what is the highest year of education completed?	
Name of school(s) attended after high school. If none, so indicate.	Location (State)	Credits received	Field of study or academic concentration	Degree / Certification
If you are working towards a degree, please list the anticipated completion date:				

Valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	State of Issue:	Drivers' License Number:
CDL License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Endorsements:

Check all that apply and include years of experience				List Trade Experience	Years	List Equipment Used	Years
Type	Years	Type	Years				
<input type="checkbox"/> Typing WPM		<input type="checkbox"/>					
<input type="checkbox"/> Windows		<input type="checkbox"/>					
<input type="checkbox"/> Outlook		<input type="checkbox"/>					
<input type="checkbox"/> Word		<input type="checkbox"/>					
<input type="checkbox"/> Excel		<input type="checkbox"/>					
<input type="checkbox"/> Access		<input type="checkbox"/>					
<input type="checkbox"/> PowerPoint		<input type="checkbox"/>					
<input type="checkbox"/> Publisher		<input type="checkbox"/>					

Please list any other job skills that would be applicable to the position for which you are applying.

List the name(s), department and relationship of any relatives working for the City of Marion. If none, so indicate.
In the last 10 years, have you ever been discharged or suspended from any employment for disciplinary reasons or have you been asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, give name of company and reason:</b>
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, explain:</b> <small>(The existence of a conviction record will not automatically disqualify you from the job. It will be reviewed along with other information that is relevant to the position.)</small>

**The City of Marion is an Equal Opportunity Employer.  
All information provided is evaluated for relevance to the open position.  
Application assistance provided for the disabled upon request.**

I hereby certify that the answers and information given on this application and accompanying documents are true and correct and without consequential omissions of any kind whatsoever. I authorize all previous employers to furnish the City of Marion, to the extent permitted by law, my reasons for leaving, and all other information they may have concerning me. I release them and the company from all liability that may arise from such investigation. I also authorize education institution officials that I have attended herein to give any information to verify listed education. I agree to submit to a pre-placement post-offer physical examination before hiring and/or any time after hiring if required, at City expense. I hereby acknowledge the City of Marion is notifying me of intent to conduct drug or alcohol testing in connection with my employment, or workers compensation benefits. I understand also, that the City may, at its discretion, any time during my employment with the City, conduct a credit report of my person. I consent to the City of Marion, Iowa, retaining whatever outside investigators, credit reporters, doctors, pathologists, investigators, labs, Iowa Court System website and/or other similar public records, etc. to conduct this testing and/or investigation. I understand that I may, if I request, see the results of third party testing, investigations, etc, and have an opportunity to refute the findings. I further understand and certify that a xerographic copy of this statement and my signature is as valid as the original for the purposes named above. The existence of a conviction record will not automatically disqualify you from the job. It will be reviewed along with other information that is relevant to the position. By signing this application, I authorize the City to make investigations and I indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or, if employed, may result in my dismissal.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Open positions with the City of Marion are updated weekly at [www.cityofmarion.org](http://www.cityofmarion.org) . Please provide a valid e-mail address to receive notices regarding your application.**

<b>APPLICANT SURVEY</b>	Last Name	First Name
	Position Applied For	

Please take a moment to tell us how you heard about this position.

- Employee Referral - Name: \_\_\_\_\_
- City of Marion Website
- Cedar Rapids Gazette
- Other Newspaper or Periodical - Name: \_\_\_\_\_
- Iowa Workforce Center
- College Recruiter/Job Board
- Corridor Careers Website
- Other Internet Site: \_\_\_\_\_
- Job Fair: \_\_\_\_\_
- Other: \_\_\_\_\_

The City of Marion, Iowa has an Affirmative Action Program in effect. To monitor our recruitment and affirmative action efforts, we are asking each applicant to **voluntarily** give the following information.

This survey is kept separate from your application.

What sex are you?

- Male       Female

Of which racial/ethnic group do you consider yourself a member?

- American Indian       Asian       Black       Hispanic       White

Thank you for taking the time to complete this form and in helping us to maintain equal employment opportunities.