

Application for Employment

Marion County Arkansas Government



Employment Desired

Position You Are Applying For _____ \$ _____
Desired Salary

Employment Desired? Part- Time | Full-Time _____ Date Available for Work _____

Personal Information

Last Name First Name MI D.O.B Social Security

Current Address City State Zip

Mailing Address City State Zip
(IF DIFFERENT)

() ()
Primary Phone Number Secondary Phone Number Email

Are you legally eligible or authorized to work in the United States? Y | N

Do you have a valid Arkansas Driver's License? Y | N

Have you ever been convicted of a crime? Y | N

If YES, please explain nature of offense(s), date(s), sentence(s), etc.: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Y | N

Education

High School Diploma or GED? Y | N If Y, what class? _____

Trade School/ College/ Graduate School?

School Name Location Years Attended Degree Received Major(s)

School Name Location Years Attended Degree Received Major(s)

Other training, certifications, or licenses held:

Employment History (MOST RECENT FIRST)

Employer _____ Position _____ Reason for Leaving _____
Start Date _____ End Date _____ Currently Employed Here Pay Rate \$ _____

Company Address _____ City _____ State _____ Zip _____

Supervisors Name _____ Contact Information _____ May we contact them? Y | N

Employer _____ Position _____ Reason for Leaving _____
Start Date _____ End Date _____ Pay Rate \$ _____

Company Address _____ City _____ State _____ Zip _____

Supervisors Name _____ Contact Information _____ May we contact them? Y | N

Employer _____ Position _____ Reason for Leaving _____
Start Date _____ End Date _____ Pay Rate \$ _____

Company Address _____ City _____ State _____ Zip _____

Supervisors Name _____ Contact Information _____ May we contact them? Y | N

Do you have any relative(s) working here ? Y | N If Y, list name(s) and relation to you

Professional References

Name _____ Company/Title _____ Contact Information _____
(Phone or Email)

Name _____ Company/Title _____ Contact Information _____
(Phone or Email)

Name _____ Company/Title _____ Contact Information _____
(Phone or Email)

Acknowledgement and Authorization

- I certify that all 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.
- I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and will be subject to a 90 day review of job performance. I may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the County. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the County unless made in writing.
- If I am offered employment, I agree to submit to a drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by the County and as permitted by law. I consent to such tests and request that the results be disclosed to the County, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug test, and if I am hired, a condition of my employment will be that I abide by the County's Drug and Alcohol Policy.
- I understand that filling out this form does not indicate there is a position open and does not obligate the County to hire. If hired, I agree to abide by all County work rules, policies, and procedures. This retains the right to revise its policies or procedures in whole or in part at any time
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I acknowledge that I've read the job description and that I can perform all of the duties without accommodations

Signature of Applicant

Date