

# Application for Employment

Marion County Arkansas Government



## Employment Desired

<hr/>		\$ <hr/>
Position You Are Applying For		Desired Salary
Employment Desired?	Part- Time   Full-Time	Date Available for Work <hr/>

## Personal Information

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	MI	D.O.B	Social Security

<hr/>	<hr/>	<hr/>	<hr/>
Current Address	City	State	Zip

<hr/>	<hr/>	<hr/>	<hr/>
Mailing Address <small>(IF DIFFERENT)</small>	City	State	Zip

<hr/>	<hr/>	<hr/>
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.: 

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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? 

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Trade School/ College/ Graduate School?

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
School Name	Location	Years Attended	Degree Received	Major(s)

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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	<input type="checkbox"/> 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)
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Name	Company/Title	Contact Information (Phone or Email)
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Name	Company/Title	Contact Information (Phone or Email)
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## Acknowledgement and Authorization

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- ☐ 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

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Signature of Applicant

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Date