



**Marion Utilities  
Employment Application**

**Applicant Name:**

---

**Date:**

---

**Personal Information**

Position Sought:

Salary Desired:

Date:

Last Name:

First Name:

M.I.:

Former Name(s):

Address:

City:

State:

ZIP:

Phone Number:

Are you 18 years old or older?

**Employment/Work History**

Current Employer:

Phone Number:

Date Employment Began:

Job Title:

Supervisor's Name:

Salary:

Job duties, responsibilities, equipment operated, promotions, etc.

May we contact your current employer?

Reason for leaving (or wanting to leave)?

**1. Previous Employer:****Address & Phone Number:****Dates Employed:**

Job Title:

Supervisor's Name:

Salary:

Job duties, responsibilities, equipment operated, promotions, etc.

Reason for leaving?

**2. Previous Employer:****Address & Phone Number:****Dates Employed:**

Job Title:

Supervisor's Name:

Salary:

Job duties, responsibilities, equipment operated, promotions, etc.

Reason for leaving?

**3. Previous Employer:****Address & Phone Number:****Dates Employed:**

Job Title:

Supervisor's Name:

Salary:

Job duties, responsibilities, equipment operated, promotions, etc.

Reason for leaving?

**Military Experience**

Branch:

Dates served:

Specialized training that might help you in this position?

## Education & Training

High school attended: City & State: Did you graduate?

Activities, awards, etc.:

College or trade school attended: City & State: Years completed: Degree:

Activities, awards, etc.:

Graduate school attended: City & State: Years completed: Degree:

Activities, awards, etc.:

Please list any other experience or volunteer work that you think may help you in this position:

## References & Other Information

*Please list three references who are not related to you.*

Name: Organization: City & State: Phone Number:

Name: Organization: City & State: Phone Number:

Name: Organization: City & State: Phone Number:

Have you ever been convicted of a felony? If yes, please explain:

List relatives employed by Marion Utilities or service board members and their relationship to you:

Do you have a second job or other commitment (school, etc.) that might interfere with your employment? Please explain:

**Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing below.**

- I understand and accept that, if offered a position, employment is conditional upon passing any medical and/or psychological examinations that the employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

- I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

- I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

- I understand that this application is not intended to be a contract of employment and that any employment relationship is at will and may be terminated at any time by the employer or employee for any reason, with or without cause.

- I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

By the submission of this document, I hereby agree that I shall execute the employer's conditional and post employment medical examination and drug testing consent forms. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's Signature

Date

## CDL Applicants Only

A person shall not be considered for employment to drive a utility motor vehicle unless they have completed and furnished the following information as required by the U.S. Department of Transportation Federal Highway Administration, Title 49 Code 391.21. The information provided may be used and the applicant prior employers may be contacted for the purpose of investigating the applicant's background as required by 391.23.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please list any former addresses in the past three years:

List all unexpired motor vehicle operator licenses or permits that have been issued to you.

License/Permit: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License/Permit: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License/Permit: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please list the nature and extent of operation of motor vehicles including types of equipment you have operated (buses, semi-trailers, etc.):

Accidents - Please list all motor vehicle accidents in which you were involved in in the past three years:

Date of Accident: \_\_\_\_\_ Nature of Incident: \_\_\_\_\_ Fatalities or Injuries? \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Nature of Incident: \_\_\_\_\_ Fatalities or Injuries? \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Nature of Incident: \_\_\_\_\_ Fatalities or Injuries? \_\_\_\_\_

List all violations of motor vehicle laws or ordinances (other than parking violations) of which you have been convicted or forfeited bond or collateral during the three years preceding the date of this application:

State in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you:

I declare that no denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle has been issued to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATION

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_