

# Marshall County

## Personal Information

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_



Have you ever applied to / worked for Marshall County before? [ ☐ ] Y or [ ☐ ] N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Marshall County? [ ☐ ] Y or [ ☐ ] N

If yes, state name & relationship: \_\_\_\_\_

Are you over the age of 18? [ ☐ ] Y or [ ☐ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ☐ ] Y or [ ☐ ] N

Have you been convicted of or pleaded no contest to a felony within the last five years?

[ ☐ ] Y or [ ☐ ] N

If yes, please describe the crime - state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case:

\_\_\_\_\_

**Position and Availability**

Position Applying For: \_\_\_\_\_

**Are you applying for**

- Temporary work – such as summer or holiday work? [ ☐ ] Y or [ ☐ ] N
- Regular part-time work? [ ☐ ] Y or [ ☐ ] N
- Regular full-time work? [ ☐ ] Y or [ ☐ ] N

If applying for temporary work, indicate your desired length of employment below:

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Days/Hours Available**

Monday \_\_\_\_  
Tuesday \_\_\_\_  
Wednesday \_\_\_\_  
Thursday \_\_\_\_  
Friday \_\_\_\_  
Saturday \_\_\_\_  
Sunday \_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Are you available to work overtime? [ ☐ ] Y or [ ☐ ] N

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [ ☐ ] Y or [ ☐ ] N

If no, describe the functions that cannot be performed:

\_\_\_\_\_

## **Education, Training and Experience**

**High School** ☐ Y or ☐ N

**GED** ☐ Y or ☐ N

**College / University** ☐ Y or ☐ N If yes, complete column below.

### **College / University:**

Number of years completed: \_\_\_\_\_

Did you graduate? ☐ Y or ☐ N

Degree / Diploma earned: \_\_\_\_\_

### **Military:**

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills/Duties: \_\_\_\_\_

Related Details: \_\_\_\_\_

**Veteran Status:** are you a veteran who received an honorable discharge and has:

1. Provided more than 180 consecutive days of full time active duty in the armed forces of the United States or reserve components, including more than the National Guard? Or,
2. Have a military service disability rating fixed by the United States Veterans Affairs?

☐ Y or ☐ N

### **Skills and Qualifications: Licenses, Skills, Training, Awards**

Use the following space to provide any additional information that you think would be helpful in our evaluation in your application. This can include specialized training, workshops, seminars, accreditation, special achievements or valuable skills:

**Licenses Held (including drivers)**

Type: \_\_\_\_\_

License Number: \_\_\_\_\_

Granted By (licensing board): \_\_\_\_\_

**Employment History**

You should be prepared to detail each position for the past five years and account for any gaps in employment during that period.

Are you currently employed? [ ☐ ] Y or [ ☐ ] NIf you are currently employed, may we contact your current employer? [ ☐ ] Y or [ ☐ ] N

1. Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Salary/Hourly Rate of Pay: \_\_\_\_\_

Position &amp; Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Salary/Hourly Rate of Pay: \_\_\_\_\_

Position &amp; Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ☐ ] Y or [ ☐ ] N

3. Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Salary/Hourly Rate of Pay: \_\_\_\_\_

Position &amp; Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ☐ ] Y or [ ☐ ] N

**References:** List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

1. First and Last Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

2. First and Last Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

3. First and Last Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

### **Certification**

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

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