



Email completed applications to adavis@cityofmarion.in.gov, or drop off at the Parks Office in City Hall.

Will you be at least 18 years old by May 11, 2024? Y N If no, what is your age? _____

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

Previous employer: _____

Address: _____
(Street) (City/State/Zip)

Phone: _____ **Employed:** _____ **to** _____

Position: _____ **Supervisor:** _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

.....

Previous employer: _____

Address: _____
(Street) (City/State/Zip)

Phone: _____ **Employed:** _____ **to** _____

Position: _____ **Supervisor:** _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

.....

Previous employer: _____

Address: _____
(Street) (City/State/Zip)

Phone: _____ **Employed:** _____ **to** _____

Position: _____ **Supervisor:** _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge, and abilities to perform the duties of the position.

High School Attended: _____

Address: _____
(Street) (City/State/Zip)

Did you graduate? _____ **High School Equivalent:** _____

Activities, Awards, Sports, etc.: _____

College/Trade School Attended: _____

Address: _____
(Street) (City/State/Zip)

Dates of Attendance: _____ to _____

Did you graduate? _____ **Degree:** _____

Activities, Awards, Sports, etc.: _____

Please list below any seminars or special training which you believe would be relevant to the type of work you are seeking:

Please use the following space to provide any further information or training, education, skills, abilities, etc., that you possess or have experienced that may be helpful in the evaluation of your application:

List hobbies and volunteer work:

PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position?

YES _____ NO _____

If yes, please explain: _____

Have you ever been convicted of a felony? YES _____ NO _____

If yes, please explain: _____

The Splash House is a seasonal operation which operates up to 7 days a week including weekends, holidays, and some evenings. As a prospective employee, we would require that you be available to work these shifts. Splash House management will make every effort to work with you on your scheduling needs, but you will be required to work the schedule that is ultimately posted. Would this be a problem for you?

If yes, please explain: _____

Please list three references who are not related to you and do not live with you:

1	Name	Phone
	Email	
	Relationship	How long have you known this person?

2	Name	Phone
	Email	
	Relationship	How long have you known this person?

3	Name	Phone
	Email	
	Relationship	How long have you known this person?

CITY OF MARION, INDIANA
PERSONAL INQUIRY WAIVER

TO:

I respectfully request and authorize you to furnish the City of Marion any and all information that you may have concerning me, my work or school records (including current and past academic status or degrees earned); include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature and photocopies of same, including a credit bureau report, if requested. This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Marion.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above. This form may be retained for your files.

I affirm under the pains and penalties of perjury that the above representations are true.

Applicant's Signature _____

Date _____

NOTE: ALL CANDIDATES MUST SIGN AND DATE THESE FORMS WHICH MAY BE USED TO OBTAIN INFORMATION FROM PAST EMPLOYERS, PRIVATE PHYSICIANS, REFERENCES, CREDIT BUREAU AGENCIES, ETC.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF AND CONSENT TO THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am hired, I may be hired 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, and polygraph examination.

Initials: _____

2. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

3. 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.

Initials: _____

4. I understand that the employer provides a seven days per week and twenty four hours per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

5. I understand and accept that if any information required in this application, if 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.

Initials: _____

I do 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. I authorize investigation of my background for any criminal or unlawful activity.

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