

Date: _____



380 Scarbrough Street
Richland, MS 39218

APPLICATION FOR EMPLOYMENT

NAME IN FULL (First, Middle, Last) SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP PHONE NO.

PERMANENT HOME ADDRESS CITY STATE ZIP PHONE NO.

POSITION APPLIED FOR DESIRED HOURLY WAGE OR MONTHLY SALARY

Do you have the legal right to work in the United States? _____

Have you ever been employed at the City of Richland, Mississippi? _____
If yes, when? _____

Do you have any friends or relatives employed by the City of Richland, Mississippi? _____
If yes, whom? _____

Do you have a valid driver's license? _____ YES _____ No

State D/L No. Exp. Date

Are you willing to drive a motor vehicle as a part of your duties? _____ If so, what is your date of birth? _____
(This information is required in order for a motor vehicle records check to be obtained from the state. The answer to this question will not be used to discriminate against you in violation of the law.)

Are you under the age of 18 years? _____ If so, when is your birth date? _____

Certain jobs with the City of Richland, Mississippi may require that you attend seminars, short courses and other educational programs. Are you willing to travel to attend such programs or for any other purposes as may be required by the City of Richland, Mississippi? _____
If no, please explain. _____

The City of Richland, Mississippi will not automatically exclude applicants based upon criminal history without first reviewing the details. Failure to accurately and fully answer the following questions may result in your elimination from consideration or termination from employment.

Have you ever been convicted of a crime (do not include parking tickets)? _____ Yes _____ No
 If yes, give date, nature of conviction and place of conviction. _____

Do you have any pending criminal charges against you or have any reason to expect criminal charges being filed against you? _____ Yes _____ No
 If yes, please explain. _____

EMPLOYMENT HISTORY

IMPORTANT: Give name and address of all employment in the last five years.

Name of Employer	Address	Kind of Work Done	Employed From	To
Reason for Leaving	Starting Salary	Final Salary		

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EDUCATION

School	Name & Location of School	Course of Study	No. Of Years Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					
Elementary					

REFERENCES

Persons who have known you for at least three (3) years. Please exclude relatives and former employers.

NAME	STREET ADDRESS	CITY, STATE	TELEPHONE	OCCUPATION	YEARS KNOWN

SPECIAL TRAINING, EXPERIENCE OR PERTINENT DATE NOT INCLUDED ELSEWHERE TRAINING (eg., short courses, certificates, licenses, etc.)

SKILLS AND EXPERIENCE WITH TOOLS OR EQUIPMENT (eg., welding machines, engine repair, typing, personal computer)

IN CASE OF EMERGENCY

Please Print Name Relationship Phone Number

Please Print Name Relationship Phone Number

AUTHORITY TO RELEASE INFORMATION

Please read the following release form carefully and enter your signature, address and the date in the designated spaces. **THIS FORM MUST BE NOTARIZED.**

DATE: _____

TO WHOM IT MAY CONCERN:

Having made application to the City of Richland, Mississippi and desiring that they be informed of my past record and character, whether it be financial, academic, military, employment, judicial, or personal reference, I, the undersigned, hereby authorize the release of all such information, privileged or otherwise, to the City of Richland and its representatives, and I hereby release all parties providing such information from all claims, actions, damages or liability whatsoever because of furnishing such information. I specifically authorize al of my former employers to release any and all information concerning my prior employment, including all information contained in my personnel file.

SIGNATURE: _____

ADDRESS: _____

STATE OF MISSISSIPPI .

COUNTY OF _____

Personally, came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who acknowledged to me the he/she signed and delivered the above foregoing AUTHORITY TO RELEASE INFORMATION on the date therein mentioned and for the purpose therein expressed.

Given under my hand and seal of office, this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires:

AGREEMENT BY APPLICANT

I certify that I have personally completed this application using information that is true and correct to the best of my knowledge and belief. I grant the City of Richland, Mississippi, permission to verify these answers and I agree to furnish any additional information as requested by the City of Richland, Mississippi. I understand the City of Richland, Mississippi or its agents may investigate my background to ascertain any and all information related to my work record, work experience, education, or training and worker's compensation history. I authorize the City of Richland, Mississippi to obtain from the appropriate state, local or federal authorities, a copy of my Motor Vehicle Report or similar record as a part of my employment application. I authorize an investigative consumer report to be made where by information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I release, hold harmless, and indemnify the City of Richland, Mississippi, its officers, directors, agents, employees, independent contractors, all of my former employers and all other person providing or receiving information in connection with this application or my employment for all liability, claims or damages resulting from obtaining verification of information or providing information. It is agreed and understood that this application in no way obligates the City of Richland, Mississippi nor me. I understand that any false or misleading statement on this application may be considered a sufficient cause for rejection. I understand that the City of Richland, Mississippi is under no obligation to me or my agents to furnish any investigative findings regarding my previous work history, work experience/performance or education/training.

I agree to submit to all applicable tests, examinations, and inquiries by the City of Richland, Mississippi, (eg., physical examinations and drug screen testing as provided for by applicable law, and a determination as to whether or not I can perform the essential functions of the job for which I am being considered with or without reasonable accommodation which would not constitute and undue hardship), provided, however, that no medical inquiries will be made and no medical examinations will be required before a conditional job offer is made.

In consideration of the employment sought and as may be required as a condition of continued employment, I consent and agree to submit myself upon request for a polygraph examination and I agree to be bound by the results of any polygraph examination administered by the City of Richland, Mississippi or its agents in the absence of fraud regardless of the outcome, and further consent and agree to the results being used as evidence in any administrative or legal proceedings.

I hereby understand and acknowledge that any employment relationship with the City of Richland, Mississippi is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City of Richland, Mississippi.

I acknowledge that this document is any employment application and not a contract for employment. I understand that I will not become an employee of the City of Richland, Mississippi until I am hired by the official action of the Mayor and Board of Alderman of the City of Richland, Mississippi and I have met all of the conditions of employment and completed all paperwork required of employees (eg., tax and withholding information, etc.)

Date: _____ Signature of Applicant: _____

THIS SECTION TO BE COMPLETED BY DEPARTMENT HEAD

Type of Work _____
Date Hired _____
Department Head's Name _____

Rate of Pay _____