

Are you willing to drive a motor vehicle as part of your duties? _____ Yes _____ No
(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 able to work all shifts? _____ Yes _____ No

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? _____ Yes _____ No

EMPLOYMENT HISTORY

IMPORTANT: GIVE NAME AND ADDRESS OF ALL EMPLOYMENT IN THE LAST FIVE YEARS

Name of Employer	Address	Kind of work performed	Employed from	Employed to
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Reason for leaving

Name of Employer	Address	Kind of work performed	Employed from	Employed to
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Reason for leaving

Name of Employer	Address	Kind of work performed	Employed from	Employed to
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Reason for leaving

EDUCATION

School	Name and 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 YEARS. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

NAME	STREET ADDRESS	CITY, STATE	TELEPHONE No.	OCCUPATION	YEARS KNOWN

SPECIAL TRAINING, EXPERIENCE OR PERTINENT DATA

NOT INCLUDED ELSEWHERE

TRAINING (eg., short courses, certificates, experience, licenses, etc.)

IN CASE OF EMERGENCY, NOTIFY:

PLEASE PRINT	NAME	RELATIONSHIP	PHONE NUMBER
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PLEASE PRINT	NAME	RELATIONSHIP	PHONE NUMBER
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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 persons 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 an undue hardship), provided, however, that no medical inquires 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 an 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 _____

RATE OF PAY _____

DATE HIRED _____

DEPARTMENT HEAD’S NAME _____