



Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. A photocopy of a valid driver's license or State issued photo ID and a Social Security Card must be attached to your application.

Position you are applying for: _____

Date available for work: _____

Applicant Information

Please complete all information. Use ink and print.

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Social Security No.: _____

Date of Birth: _____ Email: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the City of Picayune? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

Applicants may be asked to provide a copy of diploma, GED, certificate, or school transcripts.

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

List your previous experience, beginning with your current or most recent position.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
(List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company)

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
(List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company)

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
(List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company)

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Should you need more spaces for previous employment please use Page 3.

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(List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company)

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Address: _____ Supervisor: _____

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May we contact your previous supervisor for a reference? YES NO

Extra page

References

Please list three professional references.

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on my application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate in any way whether the employer decides to employ me. You are hereby authorized to investigate my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character and general reputation. I understand that I have the right to make a written request within a reasonable period to receive additional, detailed information about the nature and scope of any such investigative report made.

In accordance with Privacy Act (5 U.S.C. – 552 A), I expressly authorize any person, association, firm, company, law enforcement agency, educational institution, or personnel office requested by the City of Picayune to furnish information concerning me, my medical records, my education, my previous employments, my credit, my references, and any criminal history record.

I release all persons from liability for such disclosure.

A photocopy of this authorization will be as valid as the original.

THIS APPLICATION MUST BE SIGNED AND DATED TO BE A VALID APPLICATION

Signature: _____ Date: _____

Print Name: _____