

CITY OF BAY SPRINGS, MISSISSIPPI

APPLICATION FOR EMPLOYMENT

VALID UNTIL: ___/___/___

The City of Bay Springs considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

We comply with Federal Government regulations, including Affirmative Action responsibilities where they apply.

(PLEASE PRINT)

_____/_____/20_____
Position(s) Applied For Date of Application

Last Name First Name Middle Name

Address City State Zip

Telephone Number Social Security No.

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No

Have you ever filed an application with us before? ___ Yes ___ No
If Yes, give date _____

Have you ever been employed with us before? ___ Yes ___ No
If Yes, give date _____

Are you currently employed? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No

**Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? ___/___/20____

Are you available to work:

(___) Full Time (___) Part Time (___) Shift Work (___) Temporary

----- WE ARE AN EQUAL OPPORTUNITY EMPLOYER-----

APPLICATION
FOR EMPLOYMENT
Page Two

Are you currently on "lay-off" status
and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within
the last 7 years?

*Conviction will not necessarily disqualify
an applicant from employment.* Yes No

If Yes, please explain _____

EDUCATION

List here the names of schools you have attended and the education
you have received.

Elementary School *----- YEARS COMPLETED-----*
_____ 4 5 6 7 8

High School *----- YEARS COMPLETED-----*
_____ 9 10 11 12

Undergraduate College/University *----- YEARS COMPLETED-----*
_____ 1 2 3 4

Describe your Major / Course of Study: _____

Graduate / Professional *----- YEARS COMPLETED-----*
_____ 1 2 3 4

Describe your Major / Course of Study: _____

Describe any specialized
training, apprenticeship,
skills, & extra-curricular
activities _____

Describe any honors you
have received _____

APPLICATION
FOR EMPLOYMENT
Page Three

State any additional information you feel may be helpful to us in considering your application: _____

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

1. Employer:	Dates Employed	Work Performed
_____	From _____ To _____	_____
Address: _____	____/____ ____/____	_____
_____	Pay Rate/Salary _____	_____
Phone Number: _____	Begin: \$ _____	_____
1-(____)-____ - _____	End: \$ _____	_____
Job Title: _____	Why did you leave this job?	_____
Supervisor's Name: _____	_____	_____

APPLICATION
FOR EMPLOYMENT
Page Four

2. Employer:	Dates Employed	Work Performed
_____	From To	_____
Address: _____	- -	_____
_____	/ / / /	_____
Phone Number: _____	Pay Rate/Salary	_____
1-()-_____-_____	Begin: \$_____	_____
Job Title: _____	End: \$_____	_____
_____	Why did you leave this job?	_____
Supervisor's Name: _____	_____	_____
_____	_____	_____

3. Employer:	Dates Employed	Work Performed
_____	From To	_____
Address: _____	- -	_____
_____	/ / / /	_____
Phone Number: _____	Pay Rate/Salary	_____
1-()-_____-_____	Begin: \$_____	_____
Job Title: _____	End: \$_____	_____
_____	Why did you leave this job?	_____
Supervisor's Name: _____	_____	_____
_____	_____	_____

If you need additional space, please continue on a separate sheet of paper.

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date