

**SIMPSON COUNTY MISSISSIPPI
BOARD OF SUPERVISORS**

**APPLICATION
FOR EMPLOYMENT**

GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

EMAIL ADDRESS: _____

If you've been at this address less than 3 years please list your previous address:

Are you legally authorized to work in the U.S.? No Yes

(Documented proof of identity and eligibility for employment in the US is required, such as a driver's license, Social Security card, birth certificate or Immigration and Naturalization Service documents.)

Are you at least 18 years of age? No Yes

(Employment is subject to verification of minimum legal age.)

EDUCATION LEVEL:

HIGH SCHOOL NAME _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COLLEGE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

QUALIFICATIONS FOR JOB(S) APPLIED FOR:

List any further education or job-related training courses completed or certifications held: _____

List any office and/or industrial skills in which you are proficient: _____

I understand that a background check may be required as part Commercial Driver License No.: _____

EMPLOYMENT OBJECTIVES

POSITION DESIRED: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

CURRENTLY EMPLOYED? _____ IF SO, MAY WE INQUIRE OF CURRENT EMPLOYER? _____

Have you been employed by Simpson County before? ___ No ___ Yes

If so, under what name? _____ And dates of employment? _____

List current relatives working with Simpson County. _____

Accurately and completely list the following information for your current and past employers, including military service, starting with the most recent. (Please indicate on the "Employer" line both the place of assignment and the agency name if employment is through a temporary service.) Explain any gaps in employment in comments section below.

LAST OR PRESENT EMPLOYER _____ Supervisor _____
Address: _____ Phone Number _____
_____ Dates of Employment _____
Job(s) held _____ From _____ To _____
Reason for leaving _____ Final Salary _____

NEXT PREVIOUS EMPLOYER _____ Supervisor _____
Address: _____ Phone Number _____
_____ Dates of Employment _____
Job(s) held _____ From _____ To _____
Reason for leaving _____ Final Salary _____

NEXT PREVIOUS EMPLOYER _____ Supervisor _____
Address: _____ Phone Number _____
_____ Dates of Employment _____
Job(s) held _____ From _____ To _____
Reason for leaving _____ Final Salary _____

If unemployed, how long? _____ Reason _____
Comments _____

REFERENCES: LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST THREE YEARS, AND WHO WOULD KNOW OF YOUR QUALIFICATIONS.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in the application form or in any other required documents will be cause for denial of employment or immediate termination, regardless of when or how discovered.

In making this application for employment, I authorize you to contact any former or present employer about my employment record and authorize such employers to supply you upon request at any time any information they have regarding my character, ability, job performance, safety record and reasons for leaving such employment.

I understand that a requirement for employment by Simpson County is successful completion of drug and alcohol testing performed on samples of urine given by the applicant. I understand these samples are tested for the presence of alcohol, illegal drugs and other substances that might adversely affect job performance.

I understand that a background check may be required as part of the employment application process.

I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____