



CITY OF CLARKSDALE, MISSISSIPPI

Post Office Box 940
Clarksdale, Mississippi 38614
Phone: (662) 621-8136

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age religion, disability, marital status, sexual orientation or any other classification protected by law.

NOTE: Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct himself/herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK AND DO NOT LEAVE ANY QUESTIONS BLANK

Answer each question truthfully and to the best of your knowledge. If a question does not apply to you, mark it N/A (not applicable).

NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD			
Last		First	M.I.
DO YOU HAVE RELATIVES EMPLOYED BY THE CITY OF CLARKSDALE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU AT LEAST 18 YEARS OLD?		SOCIAL SECURITY NUMBER	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
PHYSICAL ADDRESS		MAILING ADDRESS	
City	State	Zip	City
State	Zip	City	State
TELEPHONE NUMBER	DAYTIME NUMBER	MESSAGE NUMBER	CONTACT NAME
E-MAIL ADDRESS		OTHER NAMES YOU HAVE USED	
POSITION FOR WHICH YOU ARE APPLYING		SALARY REQUIREMENTS	
REFERRED BY		DATE AVAILABLE	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, when?		Department:	
Supervisor:		Reason for leaving:	
DO YOU HAVE A VALID DRIVER LICENSE? (for positions requiring driving a vehicle)		ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES?	
<input type="checkbox"/> YES		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> NO	Driver License Number	State	

EMPLOYMENT HISTORY

Please list 10 years of uninterrupted work history including U.S. Military Service and unpaid or volunteer work if applicable.
This form may be supplemented with additional pages and/or a resume'.

Date(s) of Employment (Mo./Yr):		Total:		Employer:
From:	To:	Yrs.	Mos.	
Position:				Type of Business:
Duties and Responsibilities:				Address:
Reason for Leaving:				Supervisor: Phone Number:
Base Salary (Does not include overtime, bonuses or commission):				Other Compensations and Bonuses:
Start:	Final:	Per:		

Date(s) of Employment (Mo./Yr):		Total:		Employer:
From:	To:	Yrs.	Mos.	
Position:				Type of Business:
Duties and Responsibilities:				Address:
Reason for Leaving:				Supervisor: Phone Number:
Base Salary (Does not include overtime, bonuses or commission):				Other Compensations and Bonuses:
Start:	Final:	Per:		

Date(s) of Employment (Mo./Yr):		Total:		Employer:
From:	To:	Yrs.	Mos.	
Position:				Type of Business:
Duties and Responsibilities:				Address:
Reason for Leaving:				Supervisor: Phone Number:
Base Salary (Does not include overtime, bonuses or commission):				Other Compensations and Bonuses:
Start:	Final:	Per:		

EMPLOYMENT HISTORY CONTINUED

Date(s) of Employment (Mo./Yr):		Total:		Employer:
From:	To:	Yrs.	Mos.	
Position:				Type of Business:
Duties and Responsibilities:				Address:
Reason for Leaving:				Supervisor: Phone Number:
Base Salary (Does not include overtime, bonuses or commission):				Other Compensations and Bonuses:
Start:	Final:	Per:		

Date(s) of Employment (Mo./Yr):		Total:		Employer:
From:	To:	Yrs.	Mos.	
Position:				Type of Business:
Duties and Responsibilities:				Address:
Reason for Leaving:				Supervisor: Phone Number:
Base Salary (Does not include overtime, bonuses or commission):				Other Compensations and Bonuses:
Start:	Final:	Per:		

Date(s) of Employment (Mo./Yr):		Total:		Employer:
From:	To:	Yrs.	Mos.	
Position:				Type of Business:
Duties and Responsibilities:				Address:
Reason for Leaving:				Supervisor: Phone Number:
Base Salary (Does not include overtime, bonuses or commission):				Other Compensations and Bonuses:
Start:	Final:	Per:		

U.S. Military Service				
<i>Please provide the following if you have served in the U.S. Military:</i>				
Date(s) of Service (Mo./Yr):		Total:		Type of Discharge:
From:	To:	Yrs.	Mos.	Branch:

EDUCATIONAL HISTORY

Educational Level:	Name of School:		Level Completed	Units Completed:	Degree	Major
High School			9 10 11 12			
	City	State				
Community College or Junior College			1 2			
	City	State				
			1 2			
	City	State				
Business or Trade School			1 2			
	City	State				
College or University			1 2 3 4			
	City	State				
Graduate School(s)			1 2 3 4			
	City	State				
Other			1 2 3 4			
	City	State				

LICENSES/CERTIFICATIONS/ORGANIZATIONS

	Type of License	Date Issued	Registration	State	Expires (Mo./Yr.)
Professional Licenses and Certifications (Job Related)					

Professional Scholastic and Other Organizations (Job Related) <i>Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status</i>	Name	Date	Name	Date

JOB RELATED TRAINING

Name of Course	Year Completed	Name of Course	Year Completed

EMPLOYMENT INTERRUPTIONS

Please use this space to explain any interruptions in your employment history since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

REFERENCES

Name:	Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Day Time Phone:	Day Time Phone:
Relationship (No Relatives):	Relationship (No Relatives):
Name:	Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Day Time Phone:	Day Time Phone:
Relationship (No Relatives):	Relationship (No Relatives):

EMERGENCY CONTACT

Name:		Relationship:
First	Last	
Street Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	Cell Phone:

AUTHORIZATION AND AGREEMENT

May we contact your present employer?		May we contact your former employers?	
<input type="text"/>	YES	<input type="text"/>	YES
<input type="text"/>	NO	<input type="text"/>	NO
(Please Initial to Give Consent)		(Please Initial to Give Consent)	

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school record or to supply school transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in the decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to any requisite authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Personnel Director.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information of submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position. I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (of equivalent agency) required by the State. I further understand that any offer of employment is conditional upon completing all those tests, including physical agility to determine my fitness for the position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at- will, and I may resign at any time for any reason, similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

Do not sign until you have read the above authorization and agreement statements.

Signature of Applicant

Date