

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle
Address _____
Street City State ZIP Code
Telephone # () Cellular/Other Phone # () E-mail Address _____
Position(s) applied for _____ Date of application ____/____/____
Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ : _____
AM PM
 Home Cellular/Other
May we contact you at work? Yes No
If yes, work number and best time to call:
() : _____
AM PM

If you are under 18 and it is required,
can you furnish a work permit? N/A Yes No
If no, please explain: _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No
If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended
military leave of absence from this company? Yes No
If yes, additional information may be requested.

Are you lawfully authorized to work
in the United States? Yes No

Date available for work / /

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No
If they have been explained to you, are you able to meet the
attendance requirements of the position? ... N/A Yes No
Will you work overtime if required? Yes No
If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.
 Yes No Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying:
_____ State _____

Have you ever been bonded? Yes No
Have you entered into an agreement with any former employer or
other party (such as a noncompetition agreement) that might, in any
way, restrict your ability to work for our company? Yes No
If yes, please explain: _____

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's workers' compensation laws (Chapter 29-38) unless otherwise noted below (employer to list applicable exemptions):

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

Word Processing _____ Level: _____ Internet _____ Level: _____

Spreadsheet _____ Level: _____ Other _____ Level: _____

Presentation _____ Level: _____ Other _____ Level: _____

E-mail _____ Level: _____ Other _____ Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.

If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

Mandatory Employer Disclosures

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. Notice to Massachusetts applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. **Notice to Rhode Island applicants:** This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. **Notice to North Dakota applicants:** This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. **Notice to Indiana applicants:** This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment. **Notice to Illinois applicants:** Please be advised pursuant to Illinois law, applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.
Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



Policy of the Board of Aldermen of the City of Poplarville

Attachment A

ACKNOWLEDGEMENT AND CONSENT TO MOTOR VEHICLE RECORD CHECK

Please note that the City of Poplarville requires that all employees whose duties require driving a city owned vehicle submit to a check of their driving record to ensure that they hold a valid driver's license and that they do not pose any unnecessary risks in operating a vehicle. Both offers of employment and continued employment, for those positions that require driving, are contingent upon a satisfactory driving record.

As such, the City of Poplarville intends to obtain a copy of your motor vehicle record for insurance purposes. The record will be used to evaluate your eligibility for driving in the course of city business. If you are offered employment, the City of Poplarville will obtain subsequent motor vehicle reports to check your driving record.

Sign and date below to acknowledge that you have reviewed this disclosure and consent to allow the City to obtain a copy of your motor vehicle record checks, should you be employed in a position in which driving is required.

_____ Signature of Applicant	_____ Date
_____ Printed Name of Applicant	_____ Date of Birth
_____ License Number	_____ License State

AUTHORIZATION TO RELEASE INFORMATION

TO: _____
Name of Agency/Department from which information is being requested

I hereby request and authorize you to furnish the City of Poplarville with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and my past/or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Poplarville, Mississippi.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the City of Poplarville, Mississippi.

_____ Signature of Applicant	_____ Date
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Policy of the Board of Aldermen of the City of Poplarville

Attachment B

ACKNOWLEDGEMENT AND CONSENT TO PRE-EMPLOYMENT REFERENCE AND CRIMINAL HISTORY BACKGROUND CHECK AND FINGERPRINTING

All applicants are subject to employment reference checks.

All applicants selected for employment are required to undergo a pre-employment criminal history background check and fingerprinting.

If an applicant refuses to sign the ACKNOWLEDGEMENT AND CONSENT TO PRE-EMPLOYMENT CRIMINAL HISTORY BACKGROUND CHECK AND FINGERPRINTING form, the employment process will be terminated.

Applicants are required to disclose any prior conviction or pending charges for any criminal offense other than a traffic ticket.

If it is discovered that an applicant failed to fully disclose his/her complete adult criminal record, it is grounds to deny or terminate employment.

All employees are required to undergo a criminal history background check and fingerprinting as a condition of continued employment.

If an employee refuses to submit to a post criminal history background check and fingerprinting, his/her employment will be terminated as the requirement is a condition of continued employment.

By signing below, you acknowledge that you have given consent to perform employment reference checks, both a pre and post criminal history background check and fingerprinting.

Signature of Applicant

Date

Printed Name of Applicant

Date of Birth

License Number

License State

AUTHORIZATION TO RELEASE INFORMATION

TO: _____
Name of Agency/Department from which information is being requested

I hereby request and authorize you to furnish the City of Poplarville with any and all information they may request concerning my employment and/or criminal record. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Poplarville, Mississippi.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the City of Poplarville, Mississippi.

Signature of Applicant

Date

Attachment C

EMPLOYMENT ELIGIBILITY

E-Verify enables the City to verify employment eligibility for newly hired employees. E-Verify provides an automated link to Department of Homeland Security and Social Security Administration databases to help employers determine employment eligibility of their new hires and the validity of their Social Security numbers.

The City must make verification inquiries for all newly hired employees no later than the third business day after they begin working for pay or other remuneration. Failure to make such verification shall necessitate immediate discharge of such employee.

The new hire shall provide to the Payroll Clerk the identification required to complete the E-Verify process within one (1) day of the hire date.

Each new hire's employment is conditioned upon satisfaction of E-Verify.

This signed form acknowledging the requirement to provide to the Payroll Clerk the identification required to complete the E-Verify process within one (1) day of the hire date shall be included with the application for employment to be considered for employment with the City of Poplarville.

Signature of Applicant

Date

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize the City of Poplarville and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with the City of Poplarville.

I release the City of Poplarville and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth*: ____/____/____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Driver's License Number: _____ State of License: _____

Signature of Applicant / Date

*NOTE: The City of Poplarville abides by all applicable state and federal employment laws.