**APPLICATION FOR EMPLOYMENT CITY OF FLOWOOD**

 **P.O. BOX 320069**

**PLEASE PRINT 2101 AIRPORT RD**

 **FLOWOOD, MS 39232-0069**

Position(s) Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_

Referral Source \_\_\_\_\_\_Advertisement \_\_\_\_\_Relative

 \_\_\_\_\_\_Walk-in \_\_\_\_\_Employee

 \_\_\_\_\_\_Government Employment Agency \_\_\_\_\_\_Other

 \_\_\_\_\_\_\_Private Employment Agency

 Name of Source (if Applicble).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Area Code)**

If necessary, best time to call you at home Is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact you at Work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_\_No

If yes, work number and best time to call\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_:\_\_\_\_\_ AM\_\_\_\_PM

If you are under 18, can you furnish a work permit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Yes \_\_\_\_\_No

Have you filed an application here before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Yes \_\_\_\_\_ No

If yes, give date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Yes\_\_\_\_\_ No

If yes, give dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_\_No

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Type of employment desired \_\_\_Full Time \_\_\_Part Time \_\_\_Temporary \_\_\_Seasonal \_\_\_ other

Are you on Lay-off and subject to recall? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_\_No

 Will you travel if job requires it? \_\_\_\_Yes \_\_\_\_\_No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_\_No

Will you work overtime if required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_\_No

Have you ever been bonded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_\_No

Have you been convicted of a felony in the last seven (7) years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes\_\_\_\_\_\_No

(Such conviction may be relevant if job related, but does not bar you from employment)

If YES, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license number (if required by job) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State **\_\_\_\_\_\_\_\_\_\_\_\_**

 **AN EQUAL EMPLOYMENT EMPLOYER**

**EMPLOYMENT HISTORY**

**List your last three (3) employers, assignments, or volunteer activities, starting with the most recent, including military experience.**

|  |  |
| --- | --- |
| **From | To** | **Employer Telephone** |
| **Job Title** | **Address** |
| **Immediate Supervisor** | **Summarize the nature of work performed and job responsibilities** |
| **Reason for Leaving** | **Hourly Rate/Salary****Start $ per Final $ per** |
| **From | To** | **Employer Telephone** |
| **Job Title** | **Address** |
| **Immediate Supervisor** | **Summarize the nature of work performed and job responsibilities** |
| **Reason for leaving** | **Hourly Rate/Salary****Start $ per Final $ per** |
| **From | To** | **Employer Telephone** |
| **Job Title** | **Address** |
| **Immediate Supervisor** | **Summarize the nature of work performed and job responsibilities** |
| **Reason for Leaving** | **Hourly Rate/Salary****Start $ per Final $ per** |

**SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experiences that may qualify your for work with our Company.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATIONAL BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME AND LOCATION** | **Years completed** | **Did you Graduate** | **Course of Study** |
| **High School** |  |  |  |
| **College** |  | **Major | Degree** |  |
| **Other** |  |  **|** |  |

**REFERENCES**

|  |  |  |
| --- | --- | --- |
|  **NAME** |  **TELEPHONE** |  **YEARS KNOWN** |
|  |  |  |
|  |  |  |
|  |  |  |

It is understood and agreed upon that any misrepresentation by me will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer Reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that on representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in the employment and no questions on this application is used for purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state, or federal law.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**GARY RHOADS ALDERMEN**

**Mayor DONALD H. FLYNT**

 **DERON R. HARMON**

**LEM ADAMS KIRK B. MCDANIEL**

**Attorney DUSTY . RHOADS**

 **KATHY J. SMITH**

**JOSHUA CARLISLE**

**City Clerk**

**2101 AIRPORT ROAD**

**P.O. BOX 320069**

**FLOWOOD, MISSISSIPPI 39232-0069**

**PHONE: (601) 939-4243**

**FAX: (601) 420-3334**

**I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GIVE THE CITY CLERK OF THE CITY OF**

**FLOWOOD, MISSISSIPPI, THE AUTHORITY TO CHECK ON MY PERSONAL**

**AND WORK REFERENCES.**

**SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**