



APPLICATION FOR EMPLOYMENT

NESHOPA COUNTY BOARD OF SUPERVISORS

401 BEACON STREET, SUITE 201
PHILADELPHIA, MISSISSIPPI 39350
601-656-6281



Position / Job Title _____ Full Time Part Time Date _____

PERSONAL INFORMATION

Last Name	First	Middle	Social Security #	Date of Birth
Street Address / Mailing Address with City, State & Zip Code			Years at this Address	Driver License #
email Address			Cell Phone	Home Phone
Emergency Contact / Relationship / Address			Daytime Phone	Evening Phone

AVAILABILITY

Are you available for full-time work? If not what days and hours? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work any shift, including nights and weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you available to perform the essential functions of the job position you seek with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT	What reasonable accommodation, if any would you request?	
If hired, how will you get to work?	If hired, are you able to submit proof that you are legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
When would you be available to begin work?	Special Training or Skills (Languages, Machine Operation, etc.)	

EDUCATION

Do you have a High School Diploma or GED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED	Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Date Received: _____ Years of Education: _____	Branch: _____ Specialized Training: _____						
Name of College, University or Technical School Attended	Dates Attended From	To	Did you Graduate?	Type of Degree A.A., B.S., etc.	Date Received	Field of Study Major	Minor
			Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>				

LICENSES, etc. (Include all licenses, registrations or specialized certificates such as driver's licenses, EMT certification, etc.)

Do you have any pending criminal charges, imposed criminal sentencing or pending civil court matter that may affect your licenses or state driving privileges? YES NO If yes, please describe and provide the Court information: _____

Title / Type	License Number	Name of Licensing Agency or Department	Issue Date	Expiration Date

It is the policy of Neshoba County to provide equal employment opportunities and consideration to all applicants and employees without regard to any legally protected status such as race, color, creed, religion, gender, national origin, age, disability or veteran status.

Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, please attach continued history to this application.

May your present employer be contacted? YES NO

If requested, will you provide references? YES NO

Name and Complete Address of Employer / Company:			Name, Title and Phone Number of Your Immediate Supervisor		
Starting Date Month Year	Ending Date Month Year	Starting Salary	Ending Salary	Average Hours Per Week	Number of Employees You Supervised
Exact Title of Your Position			Reasons for Leaving		
Description of Duties:					

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Exact Title of Your Position			Reasons for Leaving		
Description of Duties:					

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided in this application for employment is true, accurate and complete. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Neshoba County to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment, education and other general information about me to Neshoba County.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of Neshoba County by the President of the Board of Supervisors, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, Neshoba County will have the same right. Moreover, no agent, representative, or employee of Neshoba County, except in a specific written contract of employment signed on behalf of Neshoba County by the President of the Board of Supervisors, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Date

Signature of Applicant