



Date: _____

P.O. Box 180609 • 380 Scarbrough Street • Richland, MS 39218

APPLICATION FOR EMPLOYMENT

FULL NAME (First, Middle, Last) DATE OF BIRTH

MAILING ADDRESS CITY STATE ZIP PHONE NO.

DESIRED POSITION DESIRED ANNUAL INCOME

Do you have the legal right to work in the United States? YES NO

Have you ever been employed at the City of Richland, Mississippi? YES NO

If yes, when? _____

Do you have any friends or relatives employed by the City of Richland, Mississippi? YES NO

If yes, whom? _____

Are you willing to drive a motor vehicle as a part of your duties? YES NO

Do you have a valid driver's license? YES NO State: _____ D.L. No: _____ Exp. Date: _____

This information is required for a motor vehicle records check to be obtained from the state. The answer to this question will not be used to discriminate against you in violation of the law.

Certain jobs with the City of Richland, Mississippi, may require that you attend seminars, short courses, and/or other educational programs. Are you willing to travel to participate in such programs or for any other purposes as may be required by the City of Richland, Mississippi? YES NO

If not, please explain. _____

The City of Richland, Mississippi, will not automatically exclude applicants based on criminal history without first reviewing the details. Failure to accurately and fully answer the following questions may result in your elimination from consideration or termination from employment.

Have you ever been convicted of a crime (do not include parking tickets)? YES NO

If yes, provide the date, nature of the conviction, and place of conviction. _____

Do you have or expect any pending criminal charges filed against you for any reason? YES NO

If yes, please explain. _____

EMPLOYMENT HISTORY

IMPORTANT: Give the name and address of all employment in the last five years.

EMPLOYER	ADDRESS	JOB DESCRIPTION
DATES EMPLOYED	REASON FOR LEAVING	STARTING SALARY FINAL SALARY
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EDUCATION

Level	Name & Location of School	Course of Study	Years Completed	Did You Graduate?	Degree
Graduate					
College					
Junior College					
Trade/Technical					
High School/GED					

SPECIAL TRAINING, EXPERIENCE, OR PERTINENT SKILLS: (short courses, certificates, licenses, etc.)

SKILLS AND EXPERIENCE WITH TOOLS OR EQUIPMENT: (welding machines, engine repair, typing, personal computer, etc.)

IN CASE OF EMERGENCY (Please Print)

NameRelationshipPhone Number

NameRelationshipPhone Number

REFERENCES
Must be persons who have known you for at least three (3) years. Please exclude relatives and former employers.

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

AUTHORITY TO RELEASE INFORMATION

THIS FORM MUST BE NOTARIZED.

To whom it may concern:

Having made an application to the City of Richland, Mississippi, and desiring that they be informed of my record and character, whether it be financial, academic, military, employment, judicial, or personal reference, I, _____, hereby authorize the release of all such information, privileged or otherwise, to the City of Richland and its representatives, and I hereby release all parties providing such information from all claims, actions, damages or liability whatsoever because of furnishing such information. I specifically authorize all of my former employers to release any information concerning my prior employment, including all information contained in my personnel file.

Signature: _____

Date: _____

STATE OF MISSISSIPPI

COUNTY OF _____

_____, personally, came and appeared before me, the undersigned authority in and for said county and state, acknowledging to me that he/she signed and delivered the above foregoing AUTHORITY TO RELEASE INFORMATION on the date therein mentioned and for the purpose therein expressed.

Given under my hand and seal of office, this ____ day of _____, 20____.

NOTARY PUBLIC
My Commission Expires:

AGREEMENT OF APPLICANT

I certify that I have personally completed this application using information that is true and correct to the best of my knowledge and belief. I grant the City of Richland, Mississippi, permission to verify these answers and I agree to furnish any additional information as requested by the City of Richland, Mississippi. I understand the City of Richland, Mississippi, or its agents may investigate my background to ascertain any information related to my work record, work experience, education, or training, and worker's compensation history. I authorize the City of Richland, Mississippi, to obtain from the appropriate state, local, or federal authorities, a copy of my Motor Vehicle Report or similar record as a part of my employment application. I authorize an investigative consumer report to be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I release, hold harmless, and indemnify the City of Richland, Mississippi, its officers, directors, agents, employees, independent contractors, all of my former employers, and all other persons providing or receiving information in connection with this application or my employment for all liability, claims or damages resulting from obtaining verification of information or providing information. It is agreed and understood that this application in no way obligates the City of Richland, Mississippi, nor myself. I understand that any false or misleading statement on this application may be considered a sufficient cause for rejection. I understand that the City of Richland, Mississippi, is under no obligation to me or my agents to furnish any investigative findings regarding my previous work history, work experience/performance, or education/training.

I agree to submit to all applicable tests, examinations, and inquiries by the City of Richland, Mississippi, (i.e., physical examinations and drug screen testing as provided for by applicable law, and a determination as to whether or not I can perform the essential functions of the job for which I am being considered with or without reasonable accommodation which would not constitute an undue hardship), provided, however, that no medical inquiries will be made and no medical examinations will be required before a conditional job offer is made.

In consideration of the employment sought and as may be required as a condition of continued employment, I consent and agree to submit myself upon request for a polygraph examination and I agree to be bound by the results of any polygraph examination administered by the City of Richland, Mississippi or its agents. In the absence of fraud regardless of the outcome, further consent and agree to the results being used as evidence in any administrative or legal proceedings.

I hereby understand and acknowledge that any employment relationship with the City of Richland, Mississippi is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City of Richland, Mississippi.

I acknowledge that this document is an employment application and not a contract for employment. I understand that I will not become an employee of the City of Richland, Mississippi, until I am hired by the official action of the Mayor and Board of Alderman of the City of Richland, Mississippi, and I have met all of the conditions of employment and completed all paperwork required of employees (i.e., tax and withholding information, etc.)

Signature of Applicant: _____ Date: _____

THIS SECTION TO BE COMPLETED BY DEPARTMENT HEAD:

Department: _____

Job Title: _____

Rate of Pay: _____

Effective Hire Date: _____