

Application For Employment

PEARL RIVER COUNTY
BOARD OF SUPERVISORS
P.O. BOX 569
POPLARVILLE, MS 39470

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address Number	Street	City	State	Zip Code
Telephone Number(s)		Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? If Yes, give date _____
 Yes No

Are you currently employed? If Yes, give date _____
 Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

Rate your skill level in the use of the following with 5 being an expert and 0 being no experience using:

Microsoft Word ____ Microsoft Excel ____
Browsers: Internet Explorer ____ Chrome ____ Safari ____

Estimate of typing skills : Words per minute ____

Explain your knowledge of computers (any tools/apps you are familiar with that are not noted above)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

Rate your skill level in the use of the following with 5 being an expert and 0 being no experience using:

Microsoft Word ____ Microsoft Excel ____
Browsers: Internet Explorer ____ Chrome ____ Safari ____

Estimate of typing skills : Words per minute ____

Explain your knowledge of computers (any tools/apps you are familiar with that are not noted above)

REFERENCES

1. Name _____ Phone _____
Address/City/State _____

2. Name _____ Phone _____
Address/City/State _____

3. Name _____ Phone _____
Address/City/State _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

Notes

ACKNOWLEDGEMENT AND CONSENT TO MOTOR VEHICLE RECORD CHECK

Please note that Pearl River County requires that all employees whose duties require driving a 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, Pearl River County 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 county business. If you are offered employment, Pearl River County will obtain subsequent motor vehicle reports to check your driving record. Please sign and date below to acknowledge that you have reviewed this disclosure and consent to allow the County to obtain a copy of your motor vehicle report during the application process, along with subsequent 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

(Please print or type in ink)

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

I hereby request and authorize you to furnish Pearl River County 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 Pearl River County, 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 Pearl River County, Mississippi.

Signature of Release

Date