

Town of Mount Olive

501 Main Street
P.O. Box 510
Mt. Olive, MS 39119
Office: 601-797-3496 * Fax: 601-797-3035

EMPLOYMENT APPLICATION

Print all information in **BLACK** ink only.

Date _____ Position Applying For _____

Full Time _____ Part Time _____

PERSONAL INFORMATION

Name _____
LAST FIRST MI MAIDEN

List other names including nicknames or aliases you have used before:

DOB: _____ Social Security Number: _____-_____-_____

Current Address: _____

How long have you lived at current address? _____

Home Phone: _____-_____-_____ Cell Phone: _____-_____-_____

Are you 21 years or older? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

If **yes**, complete the following

License Number _____ State: _____ Type: _____

Restriction: _____ Expiration Date: _____

The Town of Mount Olive is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment of any basis including race, sex, color, age, religion, disability or nationality origin. Consistent with the Americans with Disabilities Act, applicants may request his or her needs to participate in the application process.

BACKGROUND INFORMATION:

Do you have reliable transportation? Yes _____ No _____

Have you ever worked for this company? Yes _____ No _____

Have you ever served in the military? Yes _____ No _____

If **yes**, complete the following:

a. Branch of Service _____

b. Name and location of Unit _____

c. Name and telephone number of Commanding Officer _____

d. Rank _____ e. Enlistment expiration _____

Have you ever been arrested? Yes _____ No _____

If **yes**, complete the following:

a. Date(s) of Arrest _____

b. Where _____

c. Arresting Agency _____

d. Charge(s) _____

e. Disposition(s) _____

Have you ever had your wages garnished? Yes _____ No _____

If **yes**, explain _____

Have you ever been terminated or asked to resign from a job? Yes _____ No _____

Do you have any relatives, blood related or by law, currently or previously employed by the Town of Mount Olive? Yes _____ No _____

If **yes**, who _____

Please list the following information:

Mother's Name _____

Address _____

Father's Name _____

Address _____

Spouse's Name _____

Address _____

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EDUCATIONAL INFORMATION:

Do you have a high school diploma? Yes _____ No _____

If yes, name of school and graduation date _____

Do you have a General Education Diploma (GED)? Yes _____ No _____

Do you have a college degree(s)? Yes _____ No _____

If yes, complete the following:

College _____

City _____

Field of Study _____

Type of Degree _____

Did you graduate? Yes _____ No _____ Graduation Year _____

College _____

City _____

Field of Study _____

Type of Degree _____

Did you graduate? Yes _____ No _____ Graduation Year _____

College _____

City _____

Field of Study _____

Type of Degree _____

Did you graduate? Yes _____ No _____ Graduation Year _____

List any honors you received _____

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List any professional licenses, certifications, etc. that you hold:

EMPLOYMENT HISTORY:

Are you currently employed? Yes ___ No ___

If yes, complete the following:

Name of employer _____

Address _____

Telephone Number _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ May we Contact for a reference Yes ___ No ___

Employment Date _____ to _____

Reason for leaving _____

List your previous employers for the past ten (10) years.

Name of employer _____

Address _____

Telephone Number _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ May we Contact for a reference Yes ___ No ___

Employment Date _____ to _____

Reason for leaving _____

Name of employer _____

Address _____

Telephone Number _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ May we Contact for a reference Yes ___ No ___

Employment Date _____ to _____

Reason for leaving _____

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Name of employer _____

Address _____

Telephone Number _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ May we Contact for a reference Yes ___ No ___

Employment Date _____ to _____

Reason for leaving _____

Name of employer _____

Address _____

Telephone Number _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ May we Contact for a reference Yes ___ No ___

Employment Date _____ to _____

Reason for leaving _____

Name of employer _____

Address _____

Telephone Number _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ May we Contact for a reference Yes ___ No ___

Employment Date _____ to _____

Reason for leaving _____

Name of employer _____

Address _____

Telephone Number _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ May we Contact for a reference Yes ___ No ___

Employment Date _____ to _____

Reason for leaving _____

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GENERAL:

List any job-related skills:

Why do you want to work for the Town of Mount Olive?

REFERENCES:

List three (3) people not related to you, whom you have known for at least one (1) year.

1. Name _____ Relationship _____
Company _____ Phone # _____
2. Name _____ Relationship _____
Company _____ Phone # _____
3. Name _____ Relationship _____
Company _____ Phone # _____

AUTHORIZATION:

I certify and affirm that the information contained in this application (and accompanying resume, if any) is true and correct to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Town of Mount Olive.

I understand that any employment is conditioned on a background check, I authorize the Town of Mount Olive and its agent to thoroughly investigate all statements contained in my application and resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Town of Mount Olive without giving me prior notice of such disclosure. In addition, I release to the Town of Mount Olive and its agents, any former employers and all references listed above from any and all claims, demands and liabilities arising out of or related to such investigations or disclosure.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to a medical examination or drug test at any time deemed appropriate by the Town of Mount Olive and as permitted by law. I consent to such examinations and tests, and I request that the examining physician disclose to the Town of Mount Olive the results of the examination, which shall remain confidential and segregated from my personal life. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if hired a condition of my employment will be that I abide by the Town of Mount Olive’s drug and alcohol policy.

I understand that filling out this application does not indicate there is a position open and does not obligate the Town of Mount Olive to hire me. If hired, I agree to abide by all of the Town of Mount Olive’s policies, procedures and general rules. The Town of Mount Olive retains the right to revise, update and/or amend its policies and procedures, in whole or in part, at any time. Applicant is subject to a psychological profile.

*Please attach a 3X5 photo (shoulders and up) to this application.

Applicant’s Signature _____ Date _____