

Phone: (662) 455-7649

APPLICATION FOR EMPLOYMENT

Today's Date (mm/dd/ccyy)

E 11N1 (1 ')			
Full Name (please print): First	Middle	Last	
Home Address:Street/P.O. Box			
Street/P.O. Box	City	State	Zip
Phone Number: ()	Alternate Numb	oer: ()	
Driver's License Number:		SSN:	
Are you 18 or older? Yes No			
Are you legally eligible to work in the U.S.?	Yes No		
Have you been a resident of Leflore County application? Yes No If no, give add	for three (3) years immeress:	ediately preceding th	e date of this
JOB POS	ITION INFORMATIO	ON	
Position Desired:	1	Pay Expected: \$	
Are you available to work on weekends/holid	days? 🗌 Yes 🗌 No		
Have you worked for the City of Greenwood If yes, when? Your name			
Highest education completed (choose one):	GED or Diploma Co	ollege: 1 2 3	4 Graduate
List skills, operational certificates, licenses, e	etc.:		
Are you currently employed? Yes No	If yes, may we co	ontact your employer	? 🗌 Yes 🗌 No
If you have been disciplined, discharged, or please explain fully:			
Have you ever been convicted of a crime? Note: Conviction of a crime is not an automa	•	s, attach a detailed e	xplanation.
Have you ever been bonded? Yes No	If yes, on what jo	b?	
Are you capable of safely performing the ess without a reasonable accommodation? Y please attach an explanation of what accommod the position for which you are applying.	es No If a reas	sonable accommodat	ion is needed,

EMPLOYMEMT HISTORY (Please list most recent first)

Employer Name:			
Employer Address: Phone Number: () Supervisor Name: Employment Dates: From/ / to/ Reason for Leav			
Employment Dates: From / / to / / R	Rate of Pay:		
Job Title: Reason for Leave	ing:		
Employer Name:			
Employer Address: Phone Number: () Supervisor Name: Employment Dates: From / / to / / R			
Phone Number: () Supervisor Name:			
Employment Dates: From to to Reason for Leav	cate of f ay		
Employer Name:			
Employer Address:			
Phone Number: () Supervisor Name: Employment Dates: From / / to / / R	0.7		
Job Title: to/ Reason for Leav			
MILITARY SERVICE RECOR Have you ever served in the US Armed Forces? Yes No Are you currently active? Yes No Dates of duty: From Rank at discharge: Type of dischar	If yes, which branch? to		
REFERENCES (Do not use relatives)			
Name Address P	Thone Years Known		
2.			
3			
AGREEMENT BY APPLICAN (Please read carefully)	T		
I understand that the City of Greenwood may conduct or authorize another to conduct an apersonal background or mode of living. Should such an investigation be undertaken, I am of any investigative report as a result thereof. I certify that all statements I have made understand that any false statements may result in denial of employment or termination of authorize the City to conduct investigations it deems appropriate to verify the statement request my former employers/their representative to release all information in their posses application for employment. In exchange for consideration of my application, I also agree any former employer/representative from any liability, which they may incur in connection	entitled, upon written request, to receive a copy on this application are true and correct, and I my employment if I have already been hired. I s I have made in this application and I hereby ssion, which the City may deem relevant to my e to release and hold harmless both the City and		
I agree to submit to a physical and medical examination by physicians designate by examinations and testing as the City may require. I agree that the City may disclose to it deems necessary, the information gathered during any such examination, test or investigat offered employment, and understand that the test is limited to determining my ability to per have been offered. I understand that I will be subject to testing for use of drugs/alcohol policy, which includes pre-employment testing, and I expressly consent to such testing.	s managers, agents, and others, as it reasonable ion. I agree to this examination only after I am form the essential functions of the job position I		
I also understand that, unless sometime in the future I enter into a specific, written emplerelationship between the City and me is freely terminable at the will of either party. I under rule and procedures at any time, and I agree that nothing in the City's policies, rules, or guarantee of employment or continued employment or benefits. I further understand that the for only forty-five (45) calendar days and that I may thereafter apply again if I wish to recunderstand and agree to the foregoing.	rstand that the City is free to revoke its policies, procedures are to be construed as a promise or his application will be given active consideration		
Signature of Applicant	Date (mm/dd/ccyy)		

The City of Greenwood, Mississippi is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, religion, age, equal pay, disability, or genetic information.