

LAUDERDALE COUNTY, MISSISSIPPI

Application For Employment

Name (Last, First, Middle):	Date:
Email Address:	
Street Address:	Phone Number:
City, State, Zip Code:	How Long At Present Address?
What Was Your Previous Address?	How Long At Previous Address?
License Number:	State Issued:
Have You Ever Applied For Employment for Us? Yes _____ No _____ If Yes: Month/Year?	When Will You Be Available To Begin?
Position Applying For?	Pay Expected:
Apart From Absence For Religion Observances, Are you Available for Full Time Work? Yes _____ No _____ If Not, What Hours Can You Work?	Will You Work Overtime if Asked? Yes _____ No _____
Are You Legally Eligible For Employment In The United States? Yes _____ No _____	Social Security Number:
How Did You Learn of Our Organization?	
Other Special Training or Skills (languages, machine operations, computer skills, etc.)	
Membership In Professional Or Civic Organizations (include those which may disclose your race, color, religion, or national origin.	

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School	Name and Location of School	No. of Years Completed	When Did You Graduate?	Degree Or Diploma
Graduate School				
College				
High School				
Other				

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME WORK. START WITH MOST RECENT EMPLOYER.

Company Name:	Telephone:
Address:	Employed: From: _____ To: _____
Name of Supervisor:	Weekly Pay: Start: _____ End: _____
Job Title and Responsibilities:	Reason For Leaving:

May We Contact This Employer?

Company Name:	Telephone:
Address:	Employed: From: _____ To: _____

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Name of Supervisor:	Weekly Pay: Start: _____ End: _____
Job Title and Responsibilities:	Reason For Leaving:
May We Contact This Employer?	
Company Name:	Telephone:
Address:	Employed: From: _____ To: _____
Name of Supervisor:	Weekly Pay: Start: _____ End: _____
Job Title and Responsibilities:	Reason For Leaving:
May We Contact This Employer?	
Company Name:	Telephone:
Address:	Employed: From: _____ To: _____
Name of Supervisor:	Weekly Pay: Start: _____ End: _____
Job Title and Responsibilities:	Reason For Leaving:
May We Contact This Employer?	

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COMPLETE THIS SECTION IF YOU SERVED IN THE UNITED STATES ARMED FORCES	Branch of Service:
Describe Your Duties and Any Special Training:	Period of Active Duty?
	From: _____ To: _____
	Rank Of Discharge:
	Date of Discharge:
Are You A Registered Voter? Yes _____ No _____ If Yes, What County? _____	
Sex: Male _____ Female _____	Are You a U.S Citizen? Yes _____ No _____
Marital Status: Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____	Are You Over the Age of 18? Yes _____ No _____ If No, Employment Is Subject To Verification of Minimum age.
Have You Ever Been Bonded? Yes _____ No _____ If Yes, With What Employer?	
Have You Been Convicted of A Crime In The Past Ten Years, Excluding Misdemeanors and Summary Offenses, Which Has Not Been Annulled, Expunged or Sealed By A Court? Yes _____ No _____ If Yes, Describe In Full.	
State Names of Relatives and Friends Working For Us Other Than Your Spouse.	
Have You Received Workmen’s Compensation or Disability Income Payments? Yes _____ No _____ If Yes, Describe.	
Do You Have Any Physical Defects Which Preclude You from Performing Certain Jobs?	

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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report my credit and personal history, I authorize you to do so. If a report is obtained, you must provide at my request the name and address of the agency, so I may obtain a copy of the nature and substance of the information contained in the report.

Date

Signature

Interviewer Name and Comments

For Employer's Use Only

Employer	Person Contacted	Results
1.		
2.		
3.		
4.		