

APPLICATION FOR EMPLOYMENT			CITY OF WEST POINT, MISSISSIPPI		Date of Application _____	
Social Security Number _____		Last Name _____		First Name _____ Middle Name _____		
Address (Street number and name) _____				City _____ County _____		
State _____		Zip Code _____		Phone (Home or where you can be reached) _____ Business Phone _____		
Availability Do you now work for the City? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you related by blood or marriage to any person working for the City of West Point? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the Department where employed. _____			Are you subject to Military Selective Service registration? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Military Service Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Entered: _____ Separated: _____ Branch: _____ Rank: _____ Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____ Rank: _____						
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work Enter the earliest date you could begin work (mo/day/yr.) _____ Enter starting salary requirement: _____ Will you accept work in any City Department? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, list below the Departments in which you would be willing to work.) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____						
Jobs Applied For Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application. 1. _____ 2. _____ 3. _____						
Referral Source Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____						
Education Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Special training programs and seminars you have completed in the last five years (list): _____ _____						
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: _____ _____						
Current professional status: (List fields of work for which you have been registered) Registration: _____ State _____ No _____ Registration: _____ State _____ No _____						
Membership in professional, honorary, or technical societies (list) _____				DO NOT COMPLETE THIS BLOCK		
				DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible: _____		

Equal Opportunity Information

City Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Age or absence of disability is a bona fide occupational qualification in a small number of City jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p>Date of Birth</p> <p>(mo.) (day) (year)</p>	<p>Check One</p> <p>SEX <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>(male) (female)</p>	<p>DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.</p> <p>The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">A <input type="checkbox"/> None/Prefer not to report</td> <td style="width:33%;">G <input type="checkbox"/> Respiratory impairment</td> </tr> <tr> <td>B <input type="checkbox"/> Blind or severely visually impaired</td> <td>H <input type="checkbox"/> Nervous system/Neurological disorder</td> </tr> <tr> <td>C <input type="checkbox"/> Deaf or severely hearing impaired</td> <td>I <input type="checkbox"/> Mentally restored</td> </tr> <tr> <td>D <input type="checkbox"/> Loss of limited use of arms and/or hands</td> <td>J <input type="checkbox"/> Mental retardation</td> </tr> <tr> <td>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</td> <td>K <input type="checkbox"/> Learning disability</td> </tr> <tr> <td>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</td> <td>L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</td> </tr> <tr> <td></td> <td>M <input type="checkbox"/> Other (please specify) _____</td> </tr> </table>	A <input type="checkbox"/> None/Prefer not to report	G <input type="checkbox"/> Respiratory impairment	B <input type="checkbox"/> Blind or severely visually impaired	H <input type="checkbox"/> Nervous system/Neurological disorder	C <input type="checkbox"/> Deaf or severely hearing impaired	I <input type="checkbox"/> Mentally restored	D <input type="checkbox"/> Loss of limited use of arms and/or hands	J <input type="checkbox"/> Mental retardation	E <input type="checkbox"/> Non-ambulatory (must use wheelchair)	K <input type="checkbox"/> Learning disability	F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)		M <input type="checkbox"/> Other (please specify) _____
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<p>MARTIAL STATUS (Optional)</p> <p>1 <input type="checkbox"/> Married Name of Spouse _____</p> <p>2 <input type="checkbox"/> Divorced</p> <p>3 <input type="checkbox"/> Single</p> <p>4 <input type="checkbox"/> Widowed</p> <p>5 <input type="checkbox"/> Engaged</p>																

Licenses and certifications (List, giving dates and sources of issuance):

Have you ever been bonded? YES NO

Have you ever applied for and been denied a personal bond? YES NO

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | |
|---|--|--|
| <input type="checkbox"/> Driver's License _____
Number State | <input type="checkbox"/> Construction (specify) _____
<input type="checkbox"/> Computer Operator | <input type="checkbox"/> Emergency Medical Technician or Paramedic |
| <input type="checkbox"/> Commercial License _____
Number State | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Firefighting |
| <input type="checkbox"/> Car for use at work | <input type="checkbox"/> Typing (specify WPM) _____
<input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Word Processing
<input type="checkbox"/> Other |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes explain fully on an additional sheet.)

WORK HISTORY (Do not include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending or Current Salary: \$ per	Reason for Leaving:	May We Contact Employer: YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr):	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending or Current Salary: \$ per	Reason for Leaving:	
Date Separated (mo/yr):	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

WORK HISTORY (Continued) (Do not include volunteer experience) Use Additional Sheets if Necessary

Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending or Current Salary: \$ per	Reason for Leaving:	
Date Separated (mo/yr):	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending or Current Salary: \$ per	Reason for Leaving:	
Date Separated (mo/yr):	List major duties in order of their importance in the job:			
Full Time Years Months				
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Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:
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Date Separated (mo/yr):	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, law enforcement agencies and others to furnish whatever detail is available concerning my qualifications and/or history. I authorize investigation of all statements made in this application and I authorize the City of West Point to conduct a criminal background screening and driving record check to determine my suitability for employment. I understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action.

Signature of Applicant (unsigned applications will not be processed)

Date

NOTICE:

- TO BE CONSIDERED FOR CITY EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.**
- THE CITY EMPLOYS ONLY US CITIZENS OR ALIENS WHO ARE RESIDENTS OF CLAY COUNTY, MISSISSIPPI AND WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.
- APPLICATIONS WILL BE RETAINED ON FILE FOR SIXTY (60) DAYS ONLY.**

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE.)
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOU INTEREST IN CITY GOVERNMENT. THE CITY OF WEST POINT WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

References: List four (4) references to whom you are not related. Do not list former employers.

	Name	Address	Telephone
1			
2			
3			
4			

DO NOT WRITE IN THIS AREA

OFFICE USE ONLY

	Name	Comment	Date
1			
2			
3			
4			