

# APPLICATION FOR EMPLOYMENT

CITY OF  
WEST POINT, MISSISSIPPI

Date of Application

Social Security Number	Last Name	First Name	Middle Name
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Address (Street number and name)	City	County
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State	Zip code	Phone (Home or where you can be reached)	Business Phone
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<b>Availability</b> 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
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**Military Service**  
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training  YES  NO

Entered: \_\_\_\_\_ Separated: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank \_\_\_\_\_

Are you a member of the Military Reserves?  YES  NO Branch: \_\_\_\_\_ Rank \_\_\_\_\_

CHECK the types of work you will accept:  1. Permanent full-time  2. Permanent part-time  3. Temporary full-time  4. Temporary part-time  
 5. Any of the preceding  6. Work involving Travel  7. Shift or Spill Shift Work

Enter the earliest date you could begin work (mm/day/yr.) \_\_\_\_\_ Enter starting salary requirement \_\_\_\_\_

Will you accept work in any city Department? ?  YES  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)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
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 seminar 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):	<b>DO NOT COMPLETE THIS BLOCK</b>
	DEGREES AND PROFESSIONAL CREDENTIALS
	____ Have been verified ____ 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 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 (male) <input type="checkbox"/> F (female)</p>	<p><b>"DISABILITY:</b> 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 impairment; or (3) being regarded as having such impairment" (Americans with Disabilities Act of 1990).</p> <p>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>
<p>MARITAL 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>	<p>A <input type="checkbox"/> None/Prefer not to report</p> <p>B <input type="checkbox"/> Blind or severely usually impaired</p> <p>C <input type="checkbox"/> Deaf or severely hearing impaired</p> <p>D <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p>F <input type="checkbox"/> Other orthopaedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> <p>G <input type="checkbox"/> Respiratory impairment</p> <p>H <input type="checkbox"/> Nervous system/Neurological disorder</p> <p>I <input type="checkbox"/> Mentally restored</p> <p>J <input type="checkbox"/> Mental retardation</p> <p>K <input type="checkbox"/> Learning disability</p> <p>L <input type="checkbox"/> Others (heart disease, diabetes speech impairment)</p> <p>M <input type="checkbox"/> Other (please specify) _____</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"/> Firefighting
<input type="checkbox"/> Commercial License _____ Number _____ State _____	<input type="checkbox"/> Adding Machine/calculator	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Car for use at work	<input type="checkbox"/> Typing (specify WPM) _____ <input type="checkbox"/> Shorthand/speechwriting (specify WPM) _____	<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 HISTROY (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 <input type="checkbox"/> YES <input type="checkbox"/> NO
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 HISTROY (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					
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					
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 even conformation 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:**

- 1. TO BE CONSIDERED FOR CITY EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.**
- 2. THE CITY EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT**
- 3. APPLICATIONS WILL BE KEPT ON FILE FOR NO LESS THAN SIXTY (60) DAYS**

**WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:**

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

THANK YOU FOR YOUR 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

	<b>Name</b>	<b>Address</b>	<b>Telephone</b>
1			
2			
3			
4			

**DO NOT WRITE IN THIS AREA  
OFFICE USE ONLY**

	<b>Name</b>	<b>Comment</b>	<b>Date</b>
1			
2			
3			
4			