

# CITY OF EUPORA

## Employment Application

(Attach Resume if available)

Date of Application: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

(Any other name, such as nickname, maiden name, or assumed name, needed to verify contents of this application)

ADDRESS \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

Telephone Number \_\_\_\_\_ Male ( ) Female ( )

Last Previous Address \_\_\_\_\_ No. residence in last five years \_\_\_\_  
(Street, P.O. Box or RFD No.)

How long have you lived in this vicinity? \_\_\_\_\_ What County do you live in? \_\_\_\_\_

Are you a U.S. citizen or lawfully in the U. S. and eligible for work? \_\_\_\_\_

If employed, will you provide documentation establishing that you may legally be employed in the U.S.? \_\_\_\_\_

Do you have transportation to and from work? \_\_\_\_\_ How? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense? If, yes, please explain. (A conviction will not necessarily bar you from employment. Factors such as the nature of the offense, how long ago it occurred, age, and rehabilitation will be considered in relation to job requirements.) Yes ( ) No ( )

If answer is yes, explain: \_\_\_\_\_

### U.S. Military Experience

Have you served in the U.S. military? Yes ( ) No ( )

Branch \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Date of active duty from \_\_\_\_\_ to \_\_\_\_\_

Duties and Any Special Training \_\_\_\_\_

### Occupational and Educational Data

Job Wanted \_\_\_\_\_ What wage do you expect? \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ When are you available? \_\_\_\_\_

What is your skill or trade? \_\_\_\_\_

Operate what machines? \_\_\_\_\_

Have you worked for the City of Eupora before? Yes ( ) No ( ) Where? \_\_\_\_\_ When? \_\_\_\_\_

Supervisor \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Education	Name & Address of School	Course	From	To	Last year attended & Grade Completed
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Elementary \_\_\_\_\_

High School \_\_\_\_\_

Or Technical \_\_\_\_\_

College \_\_\_\_\_

Business or \_\_\_\_\_

Correspondence \_\_\_\_\_

### References **DO NOT GIVE RELATIVES OR FORMER EMPLOYERS**

Personal Bus. Or Home  
Ref: \_\_\_\_\_ Address \_\_\_\_\_ Occup. \_\_\_\_\_ Phone \_\_\_\_\_ Bus. \_\_\_\_\_

Personal Bus. Or Home  
Ref: \_\_\_\_\_ Address \_\_\_\_\_ Occup. \_\_\_\_\_ Phone \_\_\_\_\_ Bus. \_\_\_\_\_

Personal Bus. Or Home  
Ref: \_\_\_\_\_ Address \_\_\_\_\_ Occup. \_\_\_\_\_ Phone \_\_\_\_\_ Bus. \_\_\_\_\_

List your last or present job first and then others in order back from that one. LIST ALL FORMER EMPLOYMENT.

Present or Last Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
 What work Reason for \_\_\_\_\_  
 Did you do? Leaving \_\_\_\_\_

Present or Last Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
 What work Reason for \_\_\_\_\_  
 Did you do? Leaving \_\_\_\_\_

Present or Last Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
 What work Reason for \_\_\_\_\_  
 Did you do? Leaving \_\_\_\_\_

Present or Last Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
 What work Reason for \_\_\_\_\_  
 Did you do? Leaving \_\_\_\_\_

**Payroll Tax and Insurance Information**

\*SOCIAL SECURITY NO. \_\_\_\_\_ \*Date of Birth \_\_\_\_\_  
 Number of Dependents \_\_\_\_\_

**List Immediate Family**

Relation	Name	Check Those Dependent On You	Age	Home Address	Place of Present Employment	Birth Date	How Long Employed
Spouse	_____	_____	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____	_____	_____
Brother	_____	_____	_____	_____	_____	_____	_____
Sister	_____	_____	_____	_____	_____	_____	_____
Children	_____	_____	_____	_____	_____	_____	_____
Other members of Immediate Household: _____							

Emergency Notification- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Give name & address of person \_\_\_\_\_  
 With permanent residence Address \_\_\_\_\_ Phone \_\_\_\_\_

**General Information**

Name of persons employed with this Company (if any) who can confirm the information on this application:  
 Name \_\_\_\_\_ How long known. \_\_\_\_\_

**Statement of Understanding**

I understand the City of Eupora's need for complete and accurate information in making employment decisions, and certify that the information I have provided is true and complete to the best of my knowledge. I understand that any false or misleading statements or omissions on my part will be cause for rejection or dismissal.  
 I authorize the City of Eupora to contact my references and former employers except as I have indicated otherwise in this application, and to investigate all statements I have made herein, and I release both the City of Eupora and all parties contacted from any liability related to such investigation.  
 I recognize that the City of Eupora's willingness to receive my application for employment does not necessarily mean there are any positions currently available and agree that such acceptance does not obligate the City of Eupora in any way.  
 I understand that a pre-employment physical may be required and, if so, my employment may be contingent on the satisfactory outcome of that examination.  
 I understand as a condition of employment I may be called upon to undergo a drug screen at any time during my employment with the City of Eupora.  
 If I am employed, I agree to abide by City of Eupora polices, rules and regulations. I also recognize that my employment unless otherwise specified is not for any fixed duration, the City of Eupora reserves the right to make changes in my job from time to time, and that the City of Eupora and I have the freedom to terminate the employment relationship at any time either wishes to do so.

\_\_\_\_\_  
 Date Signature of Applicant

**PART II-APPLICANT'S BACKGROUND INVESTIGATION REVIEW**

To be completed by the applicant.

Any person applying for the position of Police Officer or Police Dispatcher for the City of Eupora are required to complete Part II of the application for employment, due to guidelines set forth by the State of Mississippi requiring Police Officers and Dispatchers to be certified by the Mississippi Board of Law Enforcement Standards and Training.

A "yes" answer to any of these questions does not automatically bar anyone from obtaining employment. Any of the following questions that are answered "yes" must be explained to the employer. The explanation must be typed or printed in ink on a separate 8 1/2 X 11 inch sheet of paper, signed and dated by the applicant and include all related court documents. All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses, excluding alcohol and drug related offenses, where the fine is less than one hundred dollars (\$100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. **Any alternative to sentencing must be reported where any type of punishment was handed down by any political subdivision including, but not limited to: probation, fines, restitution, or community service.**

	Circle One	
	Yes	No
1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other non-judicial punishment?	Yes	No
2. Has a judgment ever been issued against you?	Yes	No
3. Have you ever declared bankruptcy?	Yes	No
4. Have you ever been arrested or charged with a crime?	Yes	No
5. Have you ever received any alternatives to sentencing such as probation before judgment, pretrial diversion, non-adjudication of guilt or have you ever had an expungement?	Yes	No
6. Have you ever been found guilty or pled guilty or no contest to a crime?	Yes	No
7. Have you ever been refused a surety bond or turned down for employment that required a surety bond?	Yes	No
8. Have you ever been involuntarily terminated from employment <i>or</i> have you resigned either to prevent termination or while there was an ongoing investigation into your activities or at the conclusion of any such investigation?	Yes	No
9. Have you ever been addicted to or hospitalized for the use of alcohol or drugs?	Yes	No
10. Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws?	Yes	No

I, the undersigned, do hereby swear and affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony or misdemeanor involving moral turpitude, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, **that I have provided my employer with a full explanation (without omissions) of each and every "Yes" answer to the above questions, one (1) through ten (10) of Part II of the Application for Employment form, and that these explanations (if any) are attached to this form,** that I am at least eighteen (18) years old, that I have read and do hereby confirm that all of the information contained in this application is correct, and that all other information I furnish in conjunction with my application is true and correct.

Witness my signature this, the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Applicant's Name

**NOTARY PUBLIC**

I the undersigned authority in and for \_\_\_\_\_ County and State do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part II of the "Application for Employment, and that the said individual signed Part II of the foregoing "Application for Employment.

GIVEN under my hand and official seal this the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_