

County Administration
365 Loshier St. Suite 205A
Hernando, MS 38632

Phone 662.469.8020
Fax 662.469.8266
hr@desotocountymms.gov



WWW.DESOTOCOUNTYMS.GOV

Road Department
2373 Gwynn Rd.
Nesbit, MS 38651

Phone 662.469.8025
Fax 662.469.8749
May Apply In Person

APPLICATION FOR EMPLOYMENT

Desoto County is an Equal Opportunity Employer, accepting applications for employment with no regard to race, gender, color, creed, religion, national origin, age, disability, marital status, or any other legally protected status. Certain jobs require Surety Bond or use of a County vehicle, and will be subject to additional screening.

Please complete this application in its entirety. Incomplete applications are subject to dismissal.

POSITION APPLYING FOR: _____ DATE OF APPLICATION: ____/____/____

NAME: _____
FIRST MI LAST

ADDRESS: _____
STREET CITY, STATE ZIP

CELL #: (____) _____ HOME #: (____) _____

EMAIL ADDRESS: _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY DESOTO COUNTY? YES NO

IF YES, PLEASE PROVIDE DATES AND JOB POSITION: _____

WHICH TYPE OF WORK ARE YOU SEEKING? MARK ALL THAT APPLY. FULL TIME PART TIME WEEKENDS

IF NECESSARY, ARE YOU AVAILABLE TO WORK OVERTIME? YES NO OCCASIONALLY

MINIMUM ANNUAL SALARY REQUESTED: \$ _____ DATE AVAILABLE TO BEGIN: ____/____/____

ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES NO DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

STATE ISSUED: _____ LICENSE NUMBER, IF DRIVING REQUIRED FOR POSITION: _____

IF YOU ARE A CDL HOLDER: CLASS _____ ENDORSEMENTS _____ RESTRICTIONS _____

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NO CONTEST TO A CRIME? THIS DOES NOT INCLUDE MINOR TRAFFIC VIOLATIONS. YES NO

**CONVICTION DOES NOT EQUATE TO DISQUALIFICATION FOR EMPLOYMENT. EACH INSTANCE WILL BE TAKEN INTO CONSIDERATION IN REGARDS TO THE JOB WHICH YOU ARE APPLYING FOR.*

HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY? _____

EDUCATION

NAME OF HIGH SCHOOL ATTENDED: _____

DID YOU GRADUATE? () YES () NO () DIPLOMA () GED

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: _____

DID YOU GRADUATE? () YES () NO

DEGREE OR CERTIFICATION ACHIEVED: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: _____

DID YOU GRADUATE? () YES () NO

DEGREE OR CERTIFICATION ACHIEVED: _____

VOCATIONAL OR OTHER TRAINING: _____

TYPE OF COURSE: _____ CERTIFICATION: _____

OTHER SPECIAL SKILLS OR TRAININGS

PLEASE LIST ANY ADDITIONAL SKILLS OR QUALIFICATIONS THAT YOU'D LIKE TO SHARE WITH US:

COMPUTER SKILLS

CHECK THE CORRESPONDING BOX BELOW THAT BEST RATES YOUR SKILL LEVEL FOR EACH PROGRAM:

	BEGINNER	INTERMEDIATE	ADVANCED	N/A
ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWERPOINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLISHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: _____

EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE BELOW, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

PLEASE LIST AT LEAST THREE (3) PEOPLE WHO ARE NOT RELATED TO YOU NOR FORMER EMPLOYERS

NAME: _____		PHONE: (____) _____	
HOW DO YOU KNOW THEM? _____			
YEARS ACQUAINTED: _____		THEIR JOB TITLE/POSITION: _____	

NAME: _____		PHONE: (____) _____	
HOW DO YOU KNOW THEM? _____			
YEARS ACQUAINTED: _____		THEIR JOB TITLE/POSITION: _____	

NAME: _____		PHONE: (____) _____	
HOW DO YOU KNOW THEM? _____			
YEARS ACQUAINTED: _____		THEIR JOB TITLE/POSITION: _____	

NAME: _____		PHONE: (____) _____	
HOW DO YOU KNOW THEM? _____			
YEARS ACQUAINTED: _____		THEIR JOB TITLE/POSITION: _____	

NAME: _____		PHONE: (____) _____	
HOW DO YOU KNOW THEM? _____			
YEARS ACQUAINTED: _____		THEIR JOB TITLE/POSITION: _____	

NAME: _____		PHONE: (____) _____	
HOW DO YOU KNOW THEM? _____			
YEARS ACQUAINTED: _____		THEIR JOB TITLE/POSITION: _____	



APPLICANT'S OATH

I _____, DO HEREBY CERTIFY THAT
PRINT NAME

THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT, AND SUBMITTED IN GOOD FAITH. I UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS OR MISREPRESENTATIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, AND IF I AM HIRED, MAY RESULT IN TERMINATION. I ALSO UNDERSTAND THAT THIS INFORMATION IS SUBJECT TO FURTHER EXPLORATION AND VERIFICATION. I CONSENT FOR MY PERSONAL INFORMATION TO BE RELEASED UNTO DESOTO COUNTY BY PREVIOUS EMPLOYERS, LAW ENFORCEMENT AGENCIES, SCHOOLS, AND ANY OTHER REPRESENTATIVE ENGAGED FOR THE PURPOSE OF ESTABLISHING EMPLOYMENT WITH THE DESOTO COUNTY BOARD OF SUPERVISORS.

MY APPLICATION FOR EMPLOYMENT WILL BE CONSIDERED ACTIVE FOR A PERIOD OF 90 DAYS. AFTER SAID TIME HAS PASSED, MY APPLICATION WILL BE NULL AND VOID AND A NEW APPLICATION WILL BE REQUIRED FOR FURTHER CONSIDERATION, ACCORDING TO SECTION 2.100 OF THE DESOTO COUNTY PERSONNEL MANUAL.

I HEREBY UNDERSTAND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP I MAY OBTAIN WITH THE DESOTO COUNTY BOARD OF SUPERVISORS IS "AT WILL," MEANING I MAY RESIGN AT ANY GIVEN TIME AND THE EMPLOYER MAY TERMINATE MY EMPLOYMENT, ALSO AT ANY GIVEN TIME. THIS AGREEMENT MAY NOT BE CHANGED OR ENTERED INTO CONTRACT AT ANY TIME, UNLESS IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

BY SIGNING THIS DOCUMENT, I CONSENT TO A DRUG AND ALCOHOL SCREENING AS WELL AS A BACKGROUND INVESTIGATION. I UNDERSTAND THAT I WILL ADHERE TO THE POLICIES AND REGULATIONS OF MY EMPLOYER.

SIGNATURE: _____

DATE : _____



FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report from a consumer reporting agency, or other permissible source and/or an investigative report about you and to consider this information when making decisions regarding my employment. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

PRINTED NAME: _____

DATE: _____

APPLICANT SIGNATURE: _____

