



APPLICATION FOR EMPLOYMENT

County Administration	OR	Road Department
365 Loshier Street		2373 Gwynn Road
Hernando, MS 38632		Nesbit, MS 3865
Telephone (662) 469-8020		Telephone (662) 469-8025
Email: hr@desotocountymms.gov		Fax : (662) 469-8749
Fax: (662) 469-8266		Or Apply in Person

An Equal Opportunity Employer

DeSoto County accepts applications for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Employment Opportunities available at

www.desotocountymms.gov

Applications must be complete. Incomplete or unsigned applications are subject to disqualification.

Please Print or Type

Position(s) Applying For	Date of Application
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Name: _____

Last	First	Middle Initial
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Address: _____

Street	City	Zip
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Home Phone: () _____ Cell Phone: () _____

Do you have a valid driver's license? Yes No

State Issued _____ Please provide driver's license number, if driving is required if hired: _____

Have you ever been employed by Desoto County? Yes No

If yes, please provide dates: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you able to work? Full Time Part Time Weekends

Are you able to work overtime? Yes No

On what date would you be available to begin work? _____

Minimum salary acceptable \$ _____

Have you ever been convicted of, or plead guilty or no contest to, a crime

other than a minor traffic violation? Yes No

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATIONS TO THE POSITION FOR WHICH YOU ARE APPLYING.

Education

High School:

Name of School _____ [] Diploma [] Other (specify) _____

College, University or Professional School:

Name of School _____ Dates Attended _____ to _____

Did You Graduate? [] Yes [] No Type of Degree _____

Name of School _____ Dates Attended _____ to _____

Did You Graduate? [] Yes [] No Type of Degree _____

Vocational Training or Other:

Location: _____

Course of Study: _____

Certification [] Yes [] No

What type of certification? _____

Computer Skills

	Beginner	Intermediate	Advanced
Word	[]	[]	[]
Excel	[]	[]	[]
Access	[]	[]	[]
Publisher	[]	[]	[]
Power Point	[]	[]	[]
Other:	_____		

Special Training or Skill

List any special training or skills that would be of benefit in the job for which you are applying.

Employment History

Employer: _____

Contact Name/Position: _____ Telephone: () _____

Address: _____

Job Title: _____ Hourly Rate/ Salary: Start _____ Finish _____

Dates of Employment: _____ to _____

Work performed: _____

Reason for leaving: _____

May we contact: Yes No

Employer: _____

Contact Name/Position: _____ Telephone: () _____

Address: _____

Job Title: _____ Hourly Rate/ Salary: Start _____ Finish _____

Dates of Employment: _____ to _____

Work performed: _____

Reason for leaving: _____

May we contact: Yes No

Employer: _____

Contact Name/Position: _____ Telephone: () _____

Address: _____

Job Title: _____ Hourly Rate/ Salary: Start _____ Finish _____

Dates of Employment: _____ to _____

Work performed: _____

Reason for leaving: _____

May we contact: Yes No

Comments: Include explanation of any gaps in employment below.

Personal/Professional References:

Please give at least three (3) references who do not include family members or former employers.

Name: _____

Title: _____

Relationship to you: _____

Telephone: () _____ Years Known: _____

Name: _____

Title: _____

Relationship to you: _____

Telephone: () _____ Years Known: _____

Name: _____

Title: _____

Relationship to you: _____

Telephone: () _____ Years Known: _____

Name: _____

Title: _____

Relationship to you: _____

Telephone: () _____ Years Known: _____

Name: _____

Title: _____

Relationship to you: _____

Telephone: () _____ Years Known: _____

Applicant's Statement:

I certify that all the information submitted are true, correct and made in good faith.

I am aware that any omissions, falsifications, misstatements or misrepresentations above may disqualify me for employment consideration and if I am hired , may be grounds for termination at a later date. I understand that any information I may give in this application or in the continuing application process may be subject to verification and investigation. I consent to the release of information about my ability and employment history from employers, schools, law enforcement agencies, and other individuals and organizations to our HR staff and other authorized representatives of the DeSoto County Board of Supervisors for employment purposes.

The application for employment shall be considered active for a period of time not to exceed ninety (90) days. At the expiration of said ninety (90) day period, the application will be void, and an applicant must file a new application as required under Section 2.100 of the DeSoto County Personnel Manual to be considered for employment in a position with DeSoto County.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understand that this **"at will"** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also understand by signing this document I hereby agree to a drug screen test and background check and understand, also, that I am required to abide by all policies and regulations of the employer.

Signature of Applicant _____

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.

(Signature)

(Date)

(Printed)

REQUIRED FOR ROAD DEPARTMENT EMPLOYMENT ONLY

If you are applying for a **DeSoto County Road Department** position you must complete this form and return it along with the application to the Road Department located at:

**2373 Gwynn Road
Nesbit, MS 38651
(622) 469-8025**

I understand that providing false information could result in non-acceptance of my resume and/or termination of my employment.

Please check all that apply.

SUPERVISOR	Years	Employer Name
<input type="checkbox"/> Foreman	_____	_____
<input type="checkbox"/> Crew Leader	_____	_____
<input type="checkbox"/> Manager	_____	_____
OFFICE/CLERICAL		
<input type="checkbox"/> Bookkeeping	_____	_____
<input type="checkbox"/> Receptionist	_____	_____
<input type="checkbox"/> Secretary	_____	_____
TECHNICAL		
<input type="checkbox"/> Inspector	_____	_____
<input type="checkbox"/> Mechanic	_____	_____
<input type="checkbox"/> Carpenter	_____	_____
<input type="checkbox"/> Concrete Finisher	_____	_____
<input type="checkbox"/> Welder	_____	_____
EQUIPMENT		
<input type="checkbox"/> Trackhoe	_____	_____
<input type="checkbox"/> Dozer	_____	_____
<input type="checkbox"/> Motor Grader	_____	_____
<input type="checkbox"/> Tractor with Dirt Pan	_____	_____
<input type="checkbox"/> Track Loader	_____	_____
<input type="checkbox"/> Four Wheel Driver Loader	_____	_____
<input type="checkbox"/> Backhoe/Loader	_____	_____
<input type="checkbox"/> Asphalt Spreader	_____	_____
<input type="checkbox"/> Chip Spreader	_____	_____
<input type="checkbox"/> Widening Machine	_____	_____
<input type="checkbox"/> Asphalt Distributor	_____	_____
<input type="checkbox"/> Asphalt Roller	_____	_____
<input type="checkbox"/> Sheep's Foot Roller	_____	_____
<input type="checkbox"/> Power Broom	_____	_____
<input type="checkbox"/> Tractor Truck with Lowboy	_____	_____
<input type="checkbox"/> Tractor Truck with Dump Trailer	_____	_____
<input type="checkbox"/> Tandem Dump Truck	_____	_____
<input type="checkbox"/> Single Axle Dump Truck	_____	_____
<input type="checkbox"/> Roadside Sprayer Truck	_____	_____
<input type="checkbox"/> Lube/Service Truck	_____	_____
<input type="checkbox"/> Tractor with Boom Mower	_____	_____
<input type="checkbox"/> Tractor with Roadside Mower	_____	_____
<input type="checkbox"/> Chain Saw	_____	_____
<input type="checkbox"/> Concrete Saw	_____	_____
<input type="checkbox"/> Patch Roller	_____	_____
OTHER		