

City Of Morton
P.O. Box 555
Morton, Ms 39117
601-732-8609

EMPLOYMENT APPLICATION

An equal opportunity employer.

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
(Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Have you ever been convicted of a felony in the last seven years? Yes No Explain Felony _____

Are you a citizen of the United States? Yes No _____

JOB INTERESTS/SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you could begin working _____ Typing Speed (WPM) _____

Summarize any other special skills or qualifications

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____
 Address _____
(Street) (City) (State) (Zip Code)
 Supervisor and Title _____ Your Title _____
 Employed From _____ To _____ Starting Salary _____ Ending Salary _____
 Work Performed _____
 Reason for leaving _____

2. Name of Employer _____
 Address _____
(Street) (City) (State) (Zip Code)
 Supervisor and Title _____ Your Title _____
 Employed From _____ To _____ Starting Salary _____ Ending Salary _____
 Work Performed _____
 Reason for leaving _____

3. Name of Employer _____
 Address _____
(Street) (City) (State) (Zip Code)
 Supervisor and Title _____ Your Title _____
 Employed From _____ To _____ Starting Salary _____ Ending Salary _____
 Work Performed _____
 Reason for leaving _____

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____

AS A CONDITION OF EMPLOYMENT, YOU WILL BE REQUIRED TO TAKE A DRUG TEST