CITY OF RIDGELAND

APPLICATION FOR EMPLOYMENT

1. NAME _____ SOC. SEC. NO. _____

2. PRESENT ADDRESS _____ HOW LONG _____
   Street City State Zip

3. PREVIOUS ADDRESS _____ HOW LONG _____
   (Must go back 10 yrs.; use back of application for more space if needed.) Street City State Zip

4. POSITION(S) APPLIED FOR _____ DATE _____

   REFERRAL SOURCE _____

5. HOME NO. _____ CELL NO. _____

   EMAIL ADDRESS _____ DRIVER'S LICENSE NO. _____ STATE _____

6. EDUCATION – Give your complete educational history below:

   Last Elementary or High School Attended — Name — Location _____

   Circle highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12

   Did you either graduate from High School or pass the High School Equivalency Test (GED) Yes ☐ No ☐

Education Beyond High School	Name & Location	Attended From Mo. Yr.	Attended To Mo. Yr.	Credit Hours	Did You Graduate?	Major Subject	Degree Diploma
College or University							
Professional or Other							

7. **LIST SPECIAL SKILLS.** (Licenses, Typing, Shorthand, Heavy Equipment Operator, etc) _____

   _____

   _____

8. **MILITARY SERVICE.** (If none, indicate as not applicable.)

   Branch _____ (Attach copy of DD214)

   Dates Served: From _____ To _____ Rank at Discharge _____
   (A LESS THAN HONORABLE WILL NOT BE AN ABSOLUTE BAR TO EMPLOYMENT.)

AN EQUAL OPPORTUNITY EMPLOYER

9. EMPLOYMENT RECORD - Answer questions for each period of employment, include military service. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet. Include at least 10 years or age 18, whichever is shorter.

If employed now, may we contact your employer? Yes☐ No☐

(1) Employer _____ Phone _____
Name Address

Dates Worked: From _____ To _____ Total Yrs. & Months_____ Last Hourly Rate_____

Supervisor's Name _____ Your Position _____

Description of Duties _____

Reason for Leaving _____

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(2) Employer _____ Phone _____
Name Address

Dates Worked: From _____ To _____ Total Yrs. & Months_____ Last Hourly Rate_____

Supervisor's Name _____ Your Position _____

Description of Duties _____

Reason for Leaving _____

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(3) Employer _____ Phone _____
Name Address

Dates Worked: From _____ To _____ Total Yrs. & Months_____ Last Hourly Rate_____

Supervisor's Name _____ Your Position _____

Description of Duties _____

Reason for Leaving _____

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(4) Employer _____ Phone _____
Name Address

Dates Worked: From _____ To _____ Total Yrs. & Months_____ Last Hourly Rate_____

Supervisor's Name _____ Your Position _____

Description of Duties _____

Reason for Leaving _____

Have you ever been employed by this City? _____ Department & Date _____

10. List relatives employed by the City: 1. _____
Name Relationship

2. _____ 3. _____
Name Relationship Name Relationship

11. Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐

A conviction record will not necessarily be a bar to employment, and that factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account.

Give full details, including fine or sentence _____

12. REFERENCES: (Do Not Include Relatives)

NAME _____ PHONE NO. _____ ADDRESS _____

_____

_____

NAME _____ PHONE NO. _____ ADDRESS _____

_____

_____

NAME _____ PHONE NO. _____ ADDRESS _____

_____

_____

I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any misrepresentation or falsification, my eligibility for the position I am seeking may be revoked. I authorize the City to make inquires which may help establish my suitability for the position which I am applying.

_____ _____
Applicant's Signature Date

The City of Ridgeland is an equal opportunity employer

All qualified applicants will be considered for vacancies without regard to race, color, religion, sex, national origin, age, marital, veteran or handicapped status. All applications will be retained for employment use by this office for ninety (90) days.

AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the CITY OF RIDGELAND, whether the said records are of public, private, or of confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Ridgeland. Additionally, with the exception of employment, I authorize the City of Ridgeland to hold confidential any and all information discovered through the background investigation process to include nay demand made by me to inspect or obtain copies of any information released by persons or entities reference in this release authorization. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ _____

SIGNATURE (including maiden name) DATE OF BIRTH

_____ _____

ADDRESS SOCIAL SECURITY NUMBER

_____ _____

CITY / STATE / ZIP CODE PHONE NUMBER

SWORN TO AND SUBSCRIBED BEFORE ME this the _____ day of _____, 20_____.

_____

NOTARY PUBLIC