

EMPLOYMENT APPLICATION



3101 Goodman Road West
Horn Lake, MS 38637
Telephone (662) 393-6178

www.hornlake.org



We are an equal opportunity employer

Thank you for considering the City of Horn Lake for employment. We appreciate that you have taken the time and effort to submit an application. Working for the City of Horn Lake is both exciting and challenging. Regardless of your specific employment interest, you will provide public service to a local community that is active, diverse and expects high quality service. This application is the initial step in the selection process. Before completing the application, please read the instructions as well as the Job Announcement to ensure you submit all the information necessary for the City of Horn Lake to evaluate your application.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

IMPORTANT INSTRUCTIONS

1. Applications are accepted for OPEN positions only. Applications received for any other positions are NOT kept on file.
2. Applications must be complete. Incomplete or unsigned applications are subject to disqualification. Type or print in black or blue ink only.
3. Please attach copy of driver's license and social security card.
4. Photocopies are acceptable.
5. All statements on your application are subject to verification.
6. Please review your application packet prior to submittal for completeness and accuracy.

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

Last
First
Middle
Preferred Name

Address: _____

Street
City
State
Zip

Home Phone_(____)_____ Cell Phone_(____)_____ Social Security #_____

Do you have a valid driver's license? Yes [] No []
 State Issued:_____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes [] No []

Have you ever been employed by the City of Horn Lake? Yes [] No []
 If yes, provide dates:_____

Do any of your friends or relatives work here? Yes [] No []
 If yes, provide name, relationship and department_____

Have you ever been convicted of, or plead guilty or no contest to, a crime other than a minor traffic violation? Yes [] No []

Are you currently employed? Yes [] No []

May we contact your present employer? Yes [] No []

Are you a U.S. citizen, or are you legally authorized to work in the U.S.? Yes [] No []

NOTE: Proof of citizenship or authorization to work in the United States may be required.

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

Are you available to work? Full Time [] Part Time [] Shift []

Are you currently on "lay-off" status and subject to recall? Yes [] No []

Will you be able to travel if job requires such? Yes [] No []

EDUCATION

High School:

Name and Address of School	Received:
	Diploma [] Other (specify) [] None []

College, University or Professional School:

Name and Location of School	Course of Study	Credit Hours Earned	Did you graduate?	Degree

Job Related Training or Course Work:

Name and Location of School	How many years did you attend?	Course of Study	Completed ?
			Yes [] No []
			Yes [] No []
			Yes [] No []

Describe any specialized training, skill, or qualifications you possess (ex: speak any language other than English, operate specialty equipment): _____

List professional, trade, business, or civic activities and offices held, if applicable. (You may exclude memberships, which would reveal sex, religion, national origin, age, ancestry, handicap or other protected status):

WORK EXPERIENCE

Describe in detail your work experience, beginning with your current employer. Use a separate block to describe each position. Include military service and rank and job related volunteer work, if applicable. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Provide an explanation of any gaps in employment. If needed, attach additional sheets.

Name of Last or Present Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Next Previous Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

EXPERIENCE

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Name of Next Previous Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Next Previous Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

PERSONAL/PROFESSIONAL REFERENCES – Do not include family members or past supervisors

Name: _____
Address: _____
Telephone Number(s): _____ Occupation: _____

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Address: _____
Telephone Number(s): _____ Occupation: _____

Name: _____
Address: _____
Telephone Number(s): _____ Occupation: _____

APPLICANT’S STATEMENT

I certify that answers given herein are true, correct, complete, 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 that I 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, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to personnel staff and other authorized municipal representatives of the City of Horn Lake for employment purposes. This consent shall continue to be effective during my employment if I am hired.

This application for employment shall be considered active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 understood 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 if requested I hereby agree to a drug screen test, physical, polygraph, and/or psychological.

Signature of Applicant

Date Signed