**EMPLOYMENT APPLICATION**

3101 Goodman Road West

Horn Lake, MS 38637

Telephone (662) 393-6178

Employment Opportunities available at: Visit us on the web at : [www.hornlake.org](http://www.hornlake.org)

Visit us on Facebook at: <https://www.facebook.com/City-of-Horn-Lake-MS-Municipal-Government-605251746175968>

**An Equal Opportunity Employer**

The City of Horn Lake 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.

**Note: Applications must be complete. Incomplete or unsigned applications are subject to disqualification. Do not leave any blank spaces. Use N/A if not applicable.**

Position(s) Applying For Date of Application

How Did You Hear About Us?

City Website: \_\_\_\_\_\_\_\_\_ Friend/Relative: \_\_\_\_\_\_\_\_\_\_ Inquiry/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you related to anyone employed with the City of Horn Lake? If so, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nam**e:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last First Middle (Preferred Name)**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**Home/Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a valid driver’s license? Yes [ ] No [ ] State Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide your Driver’s License number, if driving is required if hired:**

**DL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Have you ever worked for the City of Horn Lake? If yes, when and what position? Yes [ ] No [ ]**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are criminal charges currently pending against you or have you ever been convicted of, or pleaded guilty or no contest to, a crime other than a minor traffic violation? You do not have to include a conviction that was sealed or expunged pursuant to a court order. Yes [ ] No [ ]**

* **(A conviction will not necessarily disqualify you from employment. Each instance and explanation you may provide will be considered in relation to the position for which you are applying)**

**Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes [ ] No [ ]**

* **Proof of citizenship or immigration status will be required upon employment**

**(The City of Horn Lake is an E-Verify employer)**

**Are you currently employed? Yes [ ] No [ ]**

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

**Are you available to work: Full Time? Yes [ ] No [ ] Part Time? Yes [ ] No [ ]**

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

**Are you able to work overtime? Yes [ ] No [ ]**

**Can you travel if a job requires it? Yes [ ] No [ ]**

**Date you are available to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education** | | | | |  |
| **School** | **Name/Address of School** | **Course of Study** | **Years Completed** | **Diploma/Degree** |
| **High School** |  |  |  |  |
| **Undergraduate**  **College** |  |  |  |  |
| **Graduate/**  **Professional** |  |  |  |  |
| **Other/**  **Specify** |  |  |  |  |
| **Work Experience** | | | | |  |
| **Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.** | | | | |

**Name of Last or Present Employer**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Job Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Supervisor’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**From:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **To**:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hours per Week**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Performed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reason for Leaving**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May We Contact This Employer?** **Yes** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Last or Present Employer**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Job Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Supervisor’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**From:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **To**:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hours per Week**:\_\_\_\_\_\_\_\_\_\_\_

**Work Performed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**May We Contact This Employer?** **Yes** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Last or Present Employer**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Job Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Supervisor’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**From:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **To**:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hours per Week**:\_\_\_\_\_\_\_\_\_\_\_

**Work Performed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**May We Contact This Employer?** **Yes** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments: Include explanation of any gaps in employment below**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Describe any specialized training, apprenticeship, skills, and extra-curricular activities.**

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**Describe any job-related training received in the United States military**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**List professional, trade, business or civic activities and offices held.**

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other status):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional Information**

**Other Qualifications: Summarize special job-related skills and qualifications acquired from**

**employment or other experience.**

**Computer Skills (Please mark an X in the box under Beginner, Intermediate and**

**Advanced if applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program** | **Beginner** | **Intermediate** | **Advanced** |
| Word |  |  |  |
| Excel |  |  |  |
| Access |  |  |  |
| Publisher |  |  |  |
| Power Point |  |  |  |
| Other |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL/PROFESSIONAL REFERENCES** | | *Do not include family members or past supervisors.* | | |
| Name | Telephone Number | | Best Time To Call | Occupation |
| 1. |  | |  |  |
| 2. |  | |  |  |
| 3. |  | |  |  |

**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 City of Horn Lake 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 to be considered for employment in a position with the City of Horn Lake.

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 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 of Application