APPLICATION For EMPLOYMENT

ADAMS COUNTY P. O. Box 1008 Natchez, MS 39121 601-445-7934

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER (Place Print)

(Please Frint)					
Position(s) Applied For		Date of Application			
How Did You Learn About Us?					
Advertisement	Relative	Inquiry			
Employment Agency _	Friend	Other			
Last Name	First name	Middle I	Name		
Address Number Street	City	State		Zip Code	
Telephone Number(s)					
Best Time to contact you at home is:				_ AM / PM	
If you are under 18 years of age, can	you provide required proof of	you eligibility to work?	Yes	No	
Have you filed an application with us	before?		Yes	No	
If Yes, give date					
Have you ever been employed with u	s before?		Yes	No	
If Yes, give date					
Do you or your friends or relatives, other than spouse, work here?			Yes	No	
Are you currently employed?			Yes	No	
May we contact your present employer?			Yes	No	
Are you prevented from lawfully becovisa or Immigration Status?	oming employed in this count	ry because of your			
Proof of citizenship or immigration status will be required upon employment			Yes	No	
Have you ever been arrested?	YesNo If so, state	e the disposition of the arrest			
Date available for work//	What is your desired s	salary range?			
Are you available to work F	ull-Time (Please indicate 1	2 3 shift)			
P	art-Time (Please indicate M	Mornings Afternoons Evenings)			
		tes available)/			
Are you currently on "Lay-Off" status	3			No	
Can you travel if a job requires it?			Yes	No	

EDUCATION

	Name and Address Of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any job related training received in the United States military				

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

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related, military service assignments and volunteer activities. You any exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates En	nployed To	Work Performed
Address				
Telephone Number(s)		Hourly Ra	te/Salary Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates En	nployed To	Work Performed
Address				
Telephone Number(s)		Hourly Ra Starting	te/Salary Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates En	nployed To	Work Performed
Address				
Telephone Number(s)		Hourly Ra Starting	te/Salary Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates En	nployed To	Work Performed
Address				
Telephone Number(s)		Hourly Ra Starting	te/Salary Final	
Job Title	Supervisor			
Reason for Leaving				
If y	ou need additional space, pl	ease continu	ie on a separ	ate sheet of paper.

if you need additional space, please continue on a separate sheet of paper.			
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 protected status:			

ADDITIONAL INFORMATION

<u>Othe</u>	r Qualifications		
Summ	arize special job-related skills and qualification	s acquired from employment or other expe	rience.
Spec	ialized Skills (Check Skills/Equipment	Operated)	
Terminal PC/MAC	PC/MAC Word Processing	Production/Mobile Machinery (List)	Other (List)
	Typewriter Shorthand WPM		
.,			
State 6	any additional information you feel may be	e helpful to us in considering your app	olication.
NOTE	TO APPLICANTS: DO NOT ANSWER THIS Q	UESTION UNLESS YOU HAVE BEEN INFO	DRMED ABOUT THE
	REMENTS OF THE JOB FOR WHICH YOU ARE		
	OU PERFORM THE ESSENTIAL FUNCTIONS C		YING, EITHER WITH
OR WI	THOUT A REASONABLE ACCOMODATION? _	YESNO	
REFER	RENCES		
1.		()	
	(NAME)	(PHONE#)	
2.	(ADDRESS)	()_	
	(NAME)	(PHONE#)	
3.	(ADDRESS)	/ \	
٥.	(NAME)	(PHONE#)	
	(ADDRESS)		

APPLICANT'S STATEMENT

SIGNATURE OF APPLICANT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

DATE

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview	YesNo		
Remarks			
INTERVIEWER		DATE	
EmployedYes	No Date of Em	ployment	
Job Title		Hourly Rate/Salary	
Department			
By			
NAME AND TITLE		DATE	