



CITY OF GREENWOOD
Human Resources

Phone: (662) 453-2246

Fax: (662) 455-7635

APPLICATION FOR EMPLOYMENT

Today's Date (mm/dd/ccyy)

Full Name (please print): _____
First Middle Last

Home Address: _____
Street/P.O. Box City State Zip

Phone Number: (_____) _____ Alternate Number: (_____) _____

Driver's License Number: _____ SSN: _____

Are you 18 or older? Yes No

Are you legally eligible to work in the U.S.? Yes No

Have you been a resident of Leflore County for three (3) years immediately preceding the date of this application? Yes No If no, give address: _____

JOB POSITION INFORMATION

Position Desired: _____ Pay Expected: \$ _____

Are you available to work on weekends/holidays? Yes No

Have you worked for the City of Greenwood before? Yes No
If yes, when? _____ Your name then, if different: _____

Highest education completed (circle one): GED or Diploma College: 1 2 3 4 Graduate

List skills, operational certificates, licenses, etc.: _____

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

If you have been disciplined, discharged, or forced to resign from any prior employer for any reason, please explain fully: _____

Have you ever been convicted of a crime? Yes No If yes, attach a detailed explanation.
Note: Conviction of a crime is not an automatic bar of employment.

Have you ever been bonded? Yes No If yes, on what job? _____

Are you capable of safely performing the essential functions of the job that you have applied for with or without a reasonable accommodation? Yes No If a reasonable accommodation is needed, please attach an explanation of what accommodation(s) will allow you to perform the essential functions of the position for which you are applying.

(OVER)

EMPLOYMENT HISTORY
(Please list most recent first)

Employer Name: _____
Employer Address: _____
Phone Number: (____) _____ Supervisor Name: _____
Employment Dates: From ____ / ____ / ____ to ____ / ____ / ____ Rate of Pay: _____
Job Title: _____ Reason for Leaving: _____

Employer Name: _____
Employer Address: _____
Phone Number: (____) _____ Supervisor Name: _____
Employment Dates: From ____ / ____ / ____ to ____ / ____ / ____ Rate of Pay: _____
Job Title: _____ Reason for Leaving: _____

Employer Name: _____
Employer Address: _____
Phone Number: (____) _____ Supervisor Name: _____
Employment Dates: From ____ / ____ / ____ to ____ / ____ / ____ Rate of Pay: _____
Job Title: _____ Reason for Leaving: _____

MILITARY SERVICE RECORD

Have you ever served in the US Armed Forces? Yes No If yes, which branch? _____
Are you currently active? Yes No Dates of duty: From ____ / ____ / ____ to ____ / ____ / ____
Rank at discharge: _____ Type of discharge: _____

REFERENCES
(Do not use relatives)

	Name	Address	Phone	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

AGREEMENT BY APPLICANT
(Please read carefully)

I understand that the City of Greenwood may conduct or authorize another to conduct an investigation into my financial or credit history, personal background or mode of living. Should such an investigation be undertaken, I am entitled, upon written request, to receive a copy of any investigative report as a result thereof. I certify that all statements I have made on this application are true and correct, and I understand that any false statements may result in denial of employment or termination of my employment if I have already been hired. I authorize the City to conduct investigations it deems appropriate to verify the statements I have made in this application and I hereby request my former employers/their representative to release all information in their possession, which the City may deem relevant to my application for employment. In exchange for consideration of my application, I also agree to release and hold harmless both the City and any former employer/representative from any liability, which they may incur in connection with the release of such information.

I agree to submit to a physical and medical examination by physicians designate by the City and also agree to submit to further examinations and testing as the City may require. I agree that the City may disclose to its managers, agents, and others, as it reasonable deems necessary, the information gathered during any such examination, test or investigation. I agree to this examination only after I am offered employment, and understand that the test is limited to determining my ability to perform the essential functions of the job position I have been offered. I understand that I will be subject to testing for use of drugs/alcohol pursuant to the City's drug and alcohol testing policy, which includes pre-employment testing, and I expressly consent to such testing.

I also understand that, unless sometime in the future I enter into a specific, written employment contract with the City, the employment relationship between the City and me is freely terminable at the will of either party. I understand that the City is free to revoke its policies, rule and procedures at any time, and I agree that nothing in the City's policies, rules, or procedures are to be construed as a promise or guarantee of employment or continued employment or benefits. I further understand that this application will be given active consideration for only forty-five (45) calendar days and that I may thereafter apply again if I wish to receive continued consideration. I have read and I understand and agree to the foregoing.

Signature of Applicant

Date (mm/dd/ccyy)

The City of Greenwood, Mississippi is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, religion, age, equal pay, disability, or genetic information.