

Employment Application



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

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary \$ _____

Position Applied for: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Diploma: _____

References

Please list three References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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. Each new employee shall serve a probationary period of ninety (90) calendar days from date of hire.

I further understand that Tate County may require employees to undergo drug screening at any time, including a pre-employment screening. Refusal to participate in drug screening, or failure of drug screening, may be grounds for termination of employment.

Signature: _____ Date: _____



Authorization for Release of Information

I, _____ hereby authorize any representative of the Tate County Board of Supervisors bearing this Authorization to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records checked below:

- | | |
|--|---|
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Disciplinary Actions |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Personal History |
| <input type="checkbox"/> Civil Actions | <input type="checkbox"/> Criminal History |
| <input type="checkbox"/> Academic School Records | |

I, _____ hereby authorize you to release such information upon the request of the bearer. This Authorization is executed with the full knowledge and understanding that this information is for official use by the Tate County Board of Supervisors.

I, _____ hereby release this institution of department, including its officers, employees and related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any questions as to the validity of the Authorization, you may contact me as indicated below.

This authorization shall continue in effect until revoked by me in writing.

Full Name

SSN#

Driver's License Number/State

Date of Birth

Signature

Witness

Date: _____



You are hereby advised that the Tate County Board of Supervisors (hereinafter referred to as "Tate County") has implemented a drug and alcohol policy and conducts a testing program, pursuant to Sections 71-7-1, et.al., of the Mississippi Code of 1972, Ann. (hereinafter referred to as "the Act"), and you are here by advised of the existence of said Act.

All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by Tate County thru its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations.

Any information obtained by Tate County pursuant to the Act and these regulations shall be the property of the employer. Tate County shall not release to any person other than the employee or job application, or employer medical, supervisory or other personnel, as designated by Tate County on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for Tate County to release such information; it is necessary to introduce a positive confirmed test results into an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; or there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information. The confidentiality provisions provided for by the Act shall not apply to other parts of an employee's or job applicant's personnel or medical files. If an employee refuses to sign a written consent form for release of information to persons as permitted in the Act, Tate County shall not be barred from discharging or disciplining the employee.

An employee or job applicant to be tested shall be given (1) a medication disclosure form to permit the employee or job applicant to disclose any nonprescription or prescription medications that have been taken within forty-five (45) days prior to being tested, and (2) a designated Medical Review Officer, ensuring that no person or entity has access to the information disclosed on the form other than the Medical Review Officer.

Source: Miss. Code Ann. § 71-7-21

I, _____, have read the above and have agreed to participate in Tate County's drug testing program. I understand that I may be drug tested prior to receiving an offer of employment, and at any time thereafter.

Signature: _____

Date: _____