



APPLICATION FOR EMPLOYMENT

Human Resources
365 Loshier St. Suite 205A
Hernando, MS 38632

Phone 662.469.8020 Fax 662.469.8266
hr@desotocountymms.gov



SCAN FOR JOBS

PERSONAL INFO:

NAME: _____ APPLYING FOR: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

HAVE YOU WORKED FOR DESOTO COUNTY BEFORE? IF YES, WHEN & WHERE? _____

DO YOU HAVE RELATIVES WORKING FOR DESOTO COUNTY? IF YES, WHO? _____

ARE YOU A PERS MEMBER? YES NO MARK ALL THAT APPLY FULL TIME PART TIME SEASONAL

REQUESTED SALARY: \$ _____ DATE AVAILABLE TO BEGIN: _____

ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES NO DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

CDL HOLDERS ONLY:

STATE OF ISSUE: _____ LICENSE #: _____ CLASS: _____ END: _____ REST: _____

BACKGROUND INFO:

1. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR RECEIVED A NOTICE OR SUMMONS TO APPEAR, CONVICTED, PLED NO CONTEST OR GUILTY TO ANY CRIMINAL VIOLATION, REGARDLESS OF IF THE RECORD WAS SEALED OR EXPUNGED? YES NO

2. HAVE YOU EVER RECEIVED A TICKET OR BEEN CHARGED WITH A TRAFFIC VIOLATION? (EXCLUDING PARKING) YES NO

3. HAVE YOU EVER BEEN DETAINED BY LAW ENFORCEMENT FOR INVESTIGATIVE PURPOSES OR HAVE YOU BEEN THE SUBJECT OR SUSPECT IN ANY CRIMINAL INVESTIGATION? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, USE THE BELOW TO GIVE DETAILS FOR EACH OCCURRENCE.

DATE	POLICE DEPARTMENT	CHARGE	OUTCOME
1.			
2.			
3.			

USE THE BELOW TO OFFER ANY EXPLANATION: _____

DeSoto County Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, and genetic information, and age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor. EOE.

EDUCATION

NAME OF HIGH SCHOOL ATTENDED: _____

DID YOU GRADUATE? YES NO DIPLOMA GED

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: _____

DID YOU GRADUATE? YES NO

DEGREE OR CERTIFICATION ACHIEVED: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: _____

DID YOU GRADUATE? YES NO

DEGREE OR CERTIFICATION ACHIEVED: _____

VOCATIONAL OR OTHER TRAINING: _____

TYPE OF COURSE: _____ CERTIFICATION: _____

OTHER SPECIAL SKILLS OR TRAININGS

PLEASE LIST ANY ADDITIONAL SKILLS OR QUALIFICATIONS THAT YOU'D LIKE TO SHARE WITH US:

COMPUTER SKILLS

CHECK THE CORRESPONDING BOX BELOW THAT BEST RATES YOUR SKILL LEVEL FOR EACH PROGRAM:

	BEGINNER	INTERMEDIATE	ADVANCED	N/A
EXCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWERPOINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLISHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: _____

EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE BELOW, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

REFERENCES

PLEASE LIST AT LEAST THREE (3) PEOPLE WHO ARE NOT RELATED TO YOU NOR FORMER EMPLOYERS

NAME: _____	YEARS ACQUAINTED: _____
EMAIL ADDRESS: _____	PHONE: _____
HOW YOU KNOW THEM _____	THEIR PROFESSION _____

NAME: _____	YEARS ACQUAINTED: _____
EMAIL ADDRESS: _____	PHONE: _____
HOW YOU KNOW THEM _____	THEIR PROFESSION _____

NAME: _____	YEARS ACQUAINTED: _____
EMAIL ADDRESS: _____	PHONE: _____
HOW YOU KNOW THEM _____	THEIR PROFESSION _____

NAME: _____	YEARS ACQUAINTED: _____
EMAIL ADDRESS: _____	PHONE: _____
HOW YOU KNOW THEM _____	THEIR PROFESSION _____

NAME: _____	YEARS ACQUAINTED: _____
EMAIL ADDRESS: _____	PHONE: _____
HOW YOU KNOW THEM _____	THEIR PROFESSION _____

NAME: _____	YEARS ACQUAINTED: _____
EMAIL ADDRESS: _____	PHONE: _____
HOW YOU KNOW THEM _____	THEIR PROFESSION _____



APPLICANT'S OATH

I _____, DO HEREBY CERTIFY THAT
PRINT NAME

THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT, AND SUBMITTED IN GOOD FAITH. I UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS OR MISREPRESENTATIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, AND IF I AM HIRED, MAY RESULT IN TERMINATION. I ALSO UNDERSTAND THAT THIS INFORMATION IS SUBJECT TO FURTHER EXPLORATION AND VERIFICATION. I CONSENT FOR MY PERSONAL INFORMATION TO BE RELEASED UNTO DESOTO COUNTY BY PREVIOUS EMPLOYERS, LAW ENFORCEMENT AGENCIES, SCHOOLS, AND ANY OTHER REPRESENTATIVE ENGAGED FOR THE PURPOSE OF ESTABLISHING EMPLOYMENT WITH THE DESOTO COUNTY BOARD OF SUPERVISORS.

MY APPLICATION FOR EMPLOYMENT WILL BE CONSIDERED ACTIVE FOR A PERIOD OF 90 DAYS. AFTER SAID TIME HAS PASSED, MY APPLICATION WILL BE NULL AND VOID AND A NEW APPLICATION WILL BE REQUIRED FOR FURTHER CONSIDERATION, ACCORDING TO SECTION 2.100 OF THE DESOTO COUNTY PERSONNEL MANUAL.

I HEREBY UNDERSTAND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP I MAY OBTAIN WITH THE DESOTO COUNTY BOARD OF SUPERVISORS IS "AT WILL," MEANING I MAY RESIGN AT ANY GIVEN TIME AND THE EMPLOYER MAY TERMINATE MY EMPLOYMENT, ALSO AT ANY GIVEN TIME. THIS AGREEMENT MAY NOT BE CHANGED OR ENTERED INTO CONTRACT AT ANY TIME, UNLESS IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

BY SIGNING THIS DOCUMENT, I CONSENT TO A DRUG AND ALCOHOL SCREENING AS WELL AS A BACKGROUND INVESTIGATION. I UNDERSTAND THAT I WILL ADHERE TO THE POLICIES AND REGULATIONS OF MY EMPLOYER.

SIGNATURE: _____

DATE : _____



FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report from a consumer reporting agency, or other permissible source and/or an investigative report about you and to consider this information when making decisions regarding my employment. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

PRINTED NAME: _____

DATE: _____

APPLICANT SIGNATURE: _____



IF YOU ARE APPLYING FOR A POSITION WITH OUR ROAD DEPARTMENT, YOU ARE REQUIRED TO COMPLETE THIS SKILLS QUESTIONNAIRE. IF YOU ARE APPLYING FOR ANY OTHER POSITION, THIS FORM IS NOT REQUIRED.

!!!! THIS PAGE FOR ROAD DEPARTMENT APPLICANTS ONLY !!!!

I UNDERSTAND THAT FALSIFICATION OF INFORMATION MAY RESULT IN DISQUALIFICATION OR TERMINATION. USE THE BOXES BELOW TO INDICATE APPLICABLE SKILLS & RELEVANT YEARS OF EXPERIENCE FOR EACH.

SUPERVISORY EXPERIENCE & YEARS	EQUIPMENT OPERATION EXPERIENCE & YEARS
<input type="checkbox"/> FOREMAN () YEARS	<input type="checkbox"/> 4 WHEEL DRIVE LOADER () YEARS
<input type="checkbox"/> CREW LEAD () YEARS	<input type="checkbox"/> ASPHALT DISTRIBUTOR () YEARS
<input type="checkbox"/> MANAGER () YEARS	<input type="checkbox"/> ASPHALT ROLLER () YEARS
TECHNICAL EXPERIENCE & YEARS	
<input type="checkbox"/> INSPECTOR () YEARS	<input type="checkbox"/> ASPHALT SPREADER () YEARS
<input type="checkbox"/> MECHANIC () YEARS	<input type="checkbox"/> BACKHOE/LOADER () YEARS
<input type="checkbox"/> CARPENTER () YEARS	<input type="checkbox"/> CHAINSAW () YEARS
<input type="checkbox"/> CONCRETE () YEARS	<input type="checkbox"/> CHIP SPREADER () YEARS
<input type="checkbox"/> WELDER () YEARS	<input type="checkbox"/> CONCRETE SAW () YEARS
OFFICE/CLERICAL EXPERIENCE & YEARS	
<input type="checkbox"/> BOOKKEEPER () YEARS	<input type="checkbox"/> DOZER () YEARS
<input type="checkbox"/> ASSISTANT () YEARS	<input type="checkbox"/> DUMP TRAILER () YEARS
<input type="checkbox"/> SECRETARY () YEARS	<input type="checkbox"/> LOWBOY () YEARS
MISC./OTHER EXPERIENCE	
<input type="checkbox"/> LUBE/SERVICE TRUCK () YEARS	<input type="checkbox"/> MOTOR GRADER () YEARS
<input type="checkbox"/> PATCH ROLLER () YEARS	<input type="checkbox"/> POWER BROOM () YEARS
<input type="checkbox"/> SINGLE AXLE DUMP () YEARS	<input type="checkbox"/> ROADSIDE SPRAYER () YEARS
<input type="checkbox"/> TANDEM DUMP () YEARS	<input type="checkbox"/> SHEEP'S FOOT ROLLER () YEARS
<input type="checkbox"/> TRACK LOADER () YEARS	<input type="checkbox"/> TRACKHOE () YEARS
<input type="checkbox"/> TRACKHOE () YEARS	<input type="checkbox"/> TRACTOR - BOOM MOWER () YEARS
<input type="checkbox"/> TRACTOR - DIRT PAN () YEARS	<input type="checkbox"/> TRACTOR - ROAD MOWER () YEARS
<input type="checkbox"/> TRACTOR - ROAD MOWER () YEARS	<input type="checkbox"/> WIDENING MACHINE () YEARS
<input type="checkbox"/> WIDENING MACHINE () YEARS	