

# EMPLOYMENT APPLICATION



3101 Goodman Road West  
Horn Lake, MS 38637  
Telephone (662) 393-6178



**TREE CITY USA.**

[www.cityofhornlake.ms](http://www.cityofhornlake.ms)

We are an equal opportunity employer

Thank you for considering the City of Horn Lake for employment. We appreciate that you have taken the time and effort to submit an application. Working for the City of Horn Lake is both exciting and challenging. Regardless of your specific employment interest, you will provide public service to a local community that is active, diverse and expects high quality service. This application is the initial step in the selection process. Before completing the application, please read the instructions as well as the Job Announcement to ensure you submit all the information necessary for the City of Horn Lake to evaluate your application.

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

### IMPORTANT INSTRUCTIONS

1. Applications are accepted for OPEN positions only. Applications received for any other positions are NOT kept on file.
2. Applications must be complete. Incomplete or unsigned applications are subject to disqualification. Type or print in black or blue ink only.
3. Please attach copy of driver's license and social security card.
4. Photocopies are acceptable.
5. All statements on your application are subject to verification.
6. Please review your application packet prior to submittal for completeness and accuracy.

Position(s) Applying For	Date of Application
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Name: \_\_\_\_\_  

Last
First
Middle
Preferred Name

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

Street
City
State
Zip

Home Phone\_(\_\_\_\_)\_\_\_\_\_ Cell Phone\_(\_\_\_\_)\_\_\_\_\_ Social Security # \_\_\_\_\_

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

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

Have you ever been employed by the City of Horn Lake? Yes [ ] No [ ]  
 If yes, provide dates: \_\_\_\_\_

Do any of your friends or relatives work here? Yes [ ] No [ ]  
 If yes, provide name, relationship and department \_\_\_\_\_

Have you ever been convicted of, or plead guilty or no contest to, a crime other than a minor traffic violation? Yes [ ] No [ ]

Are you currently employed? Yes [ ] No [ ]

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

Are you a U.S. citizen, or are you legally authorized to work in the U.S.? Yes [ ] No [ ]

NOTE: Proof of citizenship or authorization to work in the United States may be required.

On what date would you be available to begin work? \_\_\_\_\_

Are you available to work? Full Time [ ] Part Time [ ] Shift [ ]

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

Will you be able to travel if job requires such? Yes [ ] No [ ]

**EDUCATION**

**High School:**

Name and Address of School	Received: Diploma [ ] Other (specify) [ ] None [ ]
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**College, University or Professional School:**

Name and Location of School	Course of Study	Credit Hours Earned	Did you graduate?	Degree

**Job Related Training or Course Work:**

Name and Location of School	How many years did you attend?	Course of Study	Completed ?
			Yes [ ] No [ ]
			Yes [ ] No [ ]
			Yes [ ] No [ ]

Describe any specialized training, skill, or qualifications you possess (ex: speak any language other than English, operate specialty equipment): \_\_\_\_\_

List professional, trade, business, or civic activities and offices held, if applicable. (You may exclude memberships, which would reveal sex, religion, national origin, age, ancestry, handicap or other protected status):

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**WORK EXPERIENCE**

Describe in detail your work experience, beginning with your current employer. Use a separate block to describe each position. Include military service and rank and job related volunteer work, if applicable. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Provide an explanation of any gaps in employment. If needed, attach additional sheets.

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

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

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of Next Previous Employer: \_\_\_\_\_

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

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

EXPERIENCE  
(continued from page 3)

Name of Next Previous Employer: \_\_\_\_\_

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

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of Next Previous Employer: \_\_\_\_\_

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

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## Personal References

Give **THREE (3)** references that are responsible adults of reputable standing in their community that you have known well for at least **THREE YEARS**. REFERENCES CANNOT BE RELATIVES, CURRENT OR FORMER EMPLOYERS OR CURRENT OR FORMER SUPERVISORS.

1. Name \_\_\_\_\_ Years known \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Business Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
Best time to contact: Day \_\_ Night \_\_ Time: \_\_\_\_\_ Day of Week \_\_\_\_\_ Pager \_\_\_\_\_

2. Name \_\_\_\_\_ Years known \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Business Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
Best time to contact: Day \_\_ Night \_\_ Time: \_\_\_\_\_ Day of Week \_\_\_\_\_ Pager \_\_\_\_\_

3. Name \_\_\_\_\_ Years known \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Business Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
Best time to contact: Day \_\_ Night \_\_ Time: \_\_\_\_\_ Day of Week \_\_\_\_\_ Pager \_\_\_\_\_

## Court Record

Have you ever been arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been charged with, indicted for, subject to Grand Jury presentation, or investigated for any felony crime?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been charged with, convicted of, entered a guilty plea, or plea of nolo contendere to any misdemeanor? *This includes misdemeanor citations and traffic charges.*

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had an arrest or conviction expunged? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain:

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List ALL felony/misdemeanor arrests, charges, and traffic citations (including those as a juvenile and those that have been expunged).

Charge	Date	City	County	State	Disposition
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Charge	Date	City	County	State	Disposition
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Charge	Date	City	County	State	Disposition
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Charge	Date	City	County	State	Disposition
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Charge	Date	City	County	State	Disposition
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Charge	Date	City	County	State	Disposition
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For any of the above, submit a written statement regarding the circumstances and disposition on a separate piece of 8 1/2" x 11" paper. If more than one incident, use a separate piece of paper for each incident.

You **MUST** provide certified copies of all arrest reports, incident reports, affidavits, court orders and dispositions and court abstracts pertaining to any of the above incidents with this application. Failure to do so will result in your application not being processed.

Are you currently subject to any protective order, temporary protective order, restraining order, temporary restraining order, or any other court order?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain and attach a copy of the order: \_\_\_\_\_

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## Statement to Applicant

This application for employment will be considered active for a period of time not to exceed 120 days. Any applicant who desires to be considered for employment beyond this time should resubmit another application.

It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information will affect your opportunity for employment with the City.

Any willful misrepresentation or falsification given on any form is just cause for rejecting your application. It will also disqualify you from making application in the future for positions with the City of Horn Lake, or your employment with the City will be terminated.

Upon employment by the Mayor and Board of Aldermen, the prospective employee will be required to submit and pass a drug screen and a physical examination at a facility designated by the City of Horn Lake as part of a conditional offer of employment. Should the prospective employee fail to meet any component of the conditional offer of employment, then said conditional offer of employment is null and void. Should the prospective employee meet all of the components of this conditional offer and begin employment with the City, then such prospective employee shall be deemed an employee of the City, with all right and benefits of a City employee and subject to the policies of the City from and after the first date of employment.

## Applicant's Statement

I certify that answers given in this application are true, correct and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationships with this organization is of an "At Will" nature, which means that the employer may discharge the employee without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or 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 my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand the components of the conditional offer of employment and if requested I hereby agree to a polygraph and/ or psychological examination.

**This form MUST be notarized by a notary before your application will be accepted. You must sign this form in front of your notary.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

(SEAL)



## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Horn Lake., Mississippi, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail agencies (including credit reports and /or ratings), psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records, complaints, or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Horn Lake. I also certify that no person(s) will be held liable for releasing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain writing of my signature.

**This form MUST be notarized by a notary before your application will be accepted. You must sign this form in front of the notary.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

(SEAL)