

**Town of Brooksville**  
P. O. Box 256  
Brooksville, Mississippi 39739  
Phone (662) 738-5531

**APPLICATION FOR EMPLOYMENT**

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Telephone ( )
	City, State Zip			Business Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc)			

EDUCATION	*School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.		

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone ( )
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone ( )
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone ( )
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone ( )
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

**FOR EMPLOYER'S USE ONLY**

Employer	Person Contacted	Results
1		
2		
3		
4		

<b>DECLARATION</b>	<p>The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p> <p>_____</p> <p align="center">Date</p> <p>_____</p> <p align="center">Signature</p>
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## PERMISSION FOR BACKGROUND CHECK

DATE \_\_\_\_\_

I give my permission for the Town of Brooksville to conduct a background screening check with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with the citizens of the Town of Brooksville. I understand that this permission is a part of my application for a position with the Town of Brooksville. I further understand that this information will only be used in regard to the above application.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_