



MONTGOMERY COUNTY BOARD OF SUPERVISORS
APPLICATION FOR EMPLOYMENT

RETURN TO: Montgomery County Human Resource Department

614 Summit Street • Post Office Box 71 • Winona, MS 38967

TELEPHONE NUMBER: 662-283-2333

FAX NUMBER: 662-283-2233 EMAIL: aeldridge@montgomerycountymys.com

ANSWER ALL QUESTIONS – PLEASE PRINT OR TYPE YOUR NAME AND ADDRESS

POSITION APPLIED FOR _____ DATE _____

NAME _____ S.S. NUMBER _____

PERMANENT MAILING ADDRESS _____

TELEPHONE _____
(HOME) _____ (CELL) _____

EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)				
High School Graduate or GED? <input type="checkbox"/> YES <input type="checkbox"/> NO College _____ Grad School _____				
Schools	Name & Location	Dates Attended	Graduate? Yes/No	Type of Degree / Diploma
High School				
College				
Other				
Are you legally eligible for employment in the U.S.? ___ YES ___ NO				
Are you related to anyone currently working for Montgomery County? ___ YES ___ NO				
Type of work you will accept (check all that apply) ___ Full Time ___ Part Time				
Date Available for work _____			Have you worked under any other name? ___ YES ___ NO If yes, Please list. _____	
Minimum annual salary acceptable \$ _____				
Have you ever been convicted of a crime (other than a minor traffic violation) under the name you used on this application or under any other name? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated along with all your qualifications in relation to the job for which you are applying.) ___ YES ___ NO (If yes, explain fully on an additional sheet.)				

AN EQUAL OPPORTUNITY EMPLOYER / THIS EMPLOYER PARTICIPATES IN EVERIFY
QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX,
NATIONAL ORIGIN, AGE OR DISABILITY

EMPLOYMENT DATA

In the space below, give your employment history starting with your present or most recent employer and list all positions held, including military, part time, summer, and significant volunteer work. Details on any period of unemployment must be included.

Current or Last Employer			Address			Phone ()		
Job Title			Supervisor's Name			No. Supervised by You		
Date Employed (mo/yr)		Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving		May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date Separated (mo/yr)		Duties						
Full Time	Years	Months						
Part Time	Years	Months						

Current or Last Employer			Address			Phone ()		
Job Title			Supervisor's Name			No. Supervised by You		
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date Separated (mo/yr)		Duties						
Full Time	Years	Months						
Part Time	Years	Months						

Current or Last Employer			Address			Phone ()		
Job Title			Supervisor's Name			No. Supervised by You		
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date Separated (mo/yr)		Duties						
Full Time	Years	Months						
Part Time	Years	Months						

REFERENCES

Name	Daytime Telephone	Occupation	Business Relationship	Years Known

US MILITARY SERVICE

Branch	Rank at Discharge	Type of Discharge	No. of Years Served

REQUIRED FOR ROAD DEPARTMENT EMPLOYMENT ONLY

If you are applying for a Montgomery County Road Department position you must complete this form and return it along with the application to the Montgomery County Human Resource Department

**614 Summit Street
Winona, MS 38967
(662) 283-2333**

I understand that providing false information could result in the non-acceptance of my resume and/or termination of my employment.

Please check all that apply:

SUPERVISOR

YEARS

- Foreman _____
- Crew Leader _____
- Manager _____

OFFICE/CLERICAL

- Bookkeeping _____
- Receptionist _____
- Secretary _____

TECHNICAL

- Inspector _____
- Mechanic _____
- Carpenter _____
- Concrete Finisher _____
- Welder _____

EQUIPMENT

- Trackhoe _____
- Dozer _____
- Motor Grader _____
- Tractor with Dirt Pan _____
- Track Loader _____
- Four Wheel Drive Loader _____
- Backhoe/Loader _____
- Asphalt Spreader _____
- Chip Spreader _____
- Widening Machine _____
- Asphalt Distributor _____
- Asphalt Roller _____
- Power Broom _____
- Tractor Truck w/ Lowboy _____
- Tractor Truck w/ Dump Trailer _____
- Tandem Dump Truck _____
- Single Axel Dump Truck _____
- Roadside Sprayer Truck _____
- Lube/Service Truck _____
- Tractor with Boom Mower _____
- Tractor with Roadside Mower _____
- Chain Saw _____
- Concrete Saw _____
- Patch Roller _____

Applicant's Statement:

I certify that all the information submitted are true, correct and made in good faith.

I am aware that any omissions, falsifications, misstatements or misrepresentations above may disqualify me for employment consideration and if I am hired , may be grounds for termination at a later date. I understand that any information I may give in this application or in the continuing application process may be subject to verification and investigation. I consent to the release of information about my ability and employment history from employers, schools, law enforcement agencies, and other individuals and organizations to our HR staff and other authorized representatives of the Montgomery County Board of Supervisors for employment purposes.

The application for employment shall be considered active for a period of time not to exceed ninety (90) days. At the expiration of said ninety (90) day period, the application will be void, and an applicant must file a new application as required under Section 2.100 of the Montgomery County Personnel Manual to be considered for employment in a position with Montgomery County.

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 understand 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.

I also understand by signing this document I hereby agree to a drug screen test and background check and understand, also, that I am required to abide by all policies and regulations of the employer.

Signature of Applicant _____

Date _____