An Equal Opportunity Employer
MONTGOMERY COUNTY BOARD OF SUPERVISORS
POST OFFICE BOX 71
WINONA, MISSISSIPPI 38967
Phone (662) 283-2333 Fax (662) 283-2233

www.montgomerycountyms.com

Please type or print in ink. Applicants are not required to give any information that is prohibited by federal, state, or local law. No information given on this application will be used in a discriminatory manner. This application will remain valid for 90 days. It is the applicant's responsibility to updatetheir application with Human Resources for any posted position within those 90 days. Please print legibly.

Date:	Position Applyin	ng For:					
Salary Desired:							
PERSONAL							
Last Name First		Middle	Social Security Number				
Street Address				Date of Birth:			
City, State, Zip				Phone Number:			
County		License?	current Driver's YES  NO State	Do you have a current Commercial Driver's License and Medical Card? YES NO If yes, what Class? State			
Are you currently employed? YES NO			If yes, when can you start?				
Have you worked for Montgomery County before?  ☐ YES ☐ NO			If yes, dates and department?				
Are you able to perform the essential functions of the job you are applying for (with or without reasonable accommodations)?							

## **EDUCATION**

School	Name & Address of School	Course of Study	Last Year Completed		Degree Received		
High School/GED			9	10	11	12	
College			1	2	3	4	
Graduate School			1	2	3	4	
Business or Trade School			1	2	3	4	

# **U.S. MILITARY SERVICE**

Branch of Service:	Dates of Se	rvice:				
Training and Experience Received:						
	EMPLOYMENT F	RECORD				
List present and past employment, beginning	ng with the most recent.	You may attac	ch a resume as s	supplemental information.		
Name & Address of Employer	From Mo./Yr.	To Mo./Yr. Salary		Reason for Leaving		
Position Title	Supervisor		Pl	hone Number		
Description of work:						
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Salary	Reason for Leaving		
Position Title	Supervisor	Supervisor		Phone Number		
Description of work:						
	From	То				
Name & Address of Employer	Mo./Yr.	Mo./Yr.	Salary	Reason for Leaving		
Position Title	Supervisor	or Phone N		hone Number		
1 osition Title	Supervisor			iono i unioci		
Description of work:						

## **REFERENCES (Do Not Include Relatives)**

Name & Occupation	Address	Phone Number
Do you have any relatives employed by	y Montgomery County or elected to an office in Mont. Cou	inty? YES NO
List Name(s) and Department:	Thomasomery county of elected to an office in violation.	125 110
	BACKGROUND	
•	ony? If yes, please provide the following for each offense: date of conviction (c) the city and state, and (d) the actionta	YES NO No aken.

## <u>AGREEMENT</u>

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 Date

#### 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

Please check all that apply: Write the number of years you have in experience with each selection out to the side

SUPERVISOR	
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	Data
o	_ Date

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