



309 South Parkway  
 Corinth, MS 38834  
 (662) 286-3067

## Application For Employment

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

*(Please Print)*

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
Street Address	City	State
Telephone Number(s)	Email Address	Social Security Number
		-                      -

If you are under 18 years of age, can you provide a required proof of your eligibility to work?  Yes       No

Have you ever filed an application with us before?  Yes       No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes       No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes       No

May we contact your present employer?  Yes       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes       No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full Time     Part Time     Shift Work     Temporary

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

Can you travel if a job requires it?  Yes       No

Have you been convicted of a felony within the last 7 years?  Yes       No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Describe any job-related training received in the United States military.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<b>2. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<b>3. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal race, color, religion, gender, national origin, age, ancestry, disabilities or other protected status:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Applicant's Statement

I certify that answers given herein are true 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of and "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 understood 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview     Yes     No

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed     Yes     No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Information

### **Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

---

---

---

---

---

### **Specialized Skills**

- |                                     |                                      |  |              |
|-------------------------------------|--------------------------------------|--|--------------|
| <input type="checkbox"/> CRT        | <input type="checkbox"/> Fax         | Production/Mobile<br>Machinery (list): | Other(list): |
| <input type="checkbox"/> PC         | <input type="checkbox"/> Lotus 1-2-3 | _____                                  | _____        |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> PBX System  | _____                                  | _____        |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Wordperfect | _____                                  | _____        |

### **References**

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address City State Zip
2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address City State Zip
3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address City State Zip