

**CLAY COUNTY, MS
EMPLOYMENT APPLICATION**

Name _____ Date _____
(Please Print) Last First Middle

Please fill in the application yourself, in ink, giving complete answers to questions which apply to you.
Applications will be considered valid for a period of up to 180 days after date of submission. Active files are purged January 2nd and July 2nd of every year.
The application must be renewed by the applicant before these dates in order to be considered for future employment.

Are you a United States citizen? Yes ☐ No ☐ (Proof of citizenship will be required upon employment)

Position applying for _____ Soc. Sec. No. _____

Date of Birth _____ Sex Male ☐ Female ☐

Phone _____ Other phone _____

Where you can be located? Name phone listed under

Present address _____ How long? _____
No. Street City State Zip

Previous address _____ How long? _____
From To

Previous address _____ How long? _____
From To

Do you have any relatives working for this county? _____ Who? _____

Who referred you to us? _____

My Wife (Husband) is employed by _____
Name Address Phone

Do you have a valid Mississippi Driver's License? _____

Have you ever been convicted of a felony? _____

RECORD OF PREVIOUS EMPLOYMENT

PRESENT EMPLOYER

(or most recent) _____ Kind of business _____

Address _____ Phone _____

Starting date _____ Starting title _____ Starting earnings _____

Present date _____ Present title _____ Present earnings _____

Starting duties _____

Last immediate supervisor's name and title _____

Reason for leaving _____

May we contact your present employer now without jeopardizing your position? _____

Do we have your permission to check references and criminal conviction records? _____

DATES	Company/Address/ Telephone #	
From To		
Salary	Position/Type of Work	Reason for Leaving
DATES	Company/Address/ Telephone #	
From To		
Salary	Position/Type of Work	Reason for Leaving

What special skills & qualifications do you have? _____

What machines can you operate? _____

EDUCATIONAL RECORD

Education	Name & Location of School	Years Attended	Date Graduated	Subjects Studied
Grammar School				
High School				
College				
Trade or Business School				

REFERENCES

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In case of emergency please notify:

Name _____ Phone _____

ADDRESS

RELATIONSHIP

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. The facts set forth above in my application are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Date Signed