

City of Amory Utilities Department

Return to Utilities Department Office, 129 North Main Street, PO Box 266, Amory, MS 38821
PHONE (662) 256-5633 FAX (662) 256-6335

UTILITIES DEPARTMENT STAFF EMPLOYMENT APPLICATION FORM

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

The City of Amory and all departments are Equal Employment Opportunity Employers. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

- NOTICE: This application must have additional documents attached:**
- 1. Photocopy front of driver's license**
 - 2. Upon being hired, the future employee must submit a federally issued social security card or other USCIS I-9 approved proof of identity.**

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE CITY OF AMORY

INSTRUCTIONS

Application must be printed legibly in black ink. The applicant must fill out this form in his or her own handwriting. All questions must be answered on this form even if a resume is attached. If a question is not applicable, please mark with N/A. Illegible and/or incomplete applications will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. All applications expire one (1) year from the date received by the City of Amory. It will be the responsibility of the applicant to notify this agency of continued interest after one year.

PERSONAL HISTORY FOR BACKGROUND CHECK

1. Date of Application: _____
2. Name in Full:

First Name	Middle Name	Last Name
3. Present Address:

House Number & Street	City	County	State	ZIP
4. How many years have you lived at this address? _____
5. Current Telephone Number(s): _____ Cell or Home (Circle One)
6. Job(s) applied for 1. _____
Rate of pay expected \$ _____ per _____

2. _____
Rate of pay expected \$ _____ per _____

7. How did you learn of this opening? _____

Do you want to work _____ Full-time or Part-time (Circle One)

Specify days and hours if part-time: _____

8. Have you worked for us before? _____ If yes, when? _____

9. List any friends or relatives working for us _____

10. If hired, on what date will you be available to start work? _____

11. Are there any other experiences, skills or qualification which you feel would especially fit you for work with the City? _____

12. Person to be notified in case of Accident or Emergency:

Name: _____

Telephone Number(s) _____

Address: _____

Relationship to Applicant: _____

13. Have you ever legally changed your name? Yes No

a. If yes, list all other names you have used. If you have ever used any surname other than your current last name, state the date range when those names were used. Include maiden name of female applicants, as well as nicknames and aliases.

Name	Circumstances	Dates Used:	
		Begin	End

14. Date of Birth: _____ 15. Place of Birth: _____
City County State

16. Marital Status: Married Divorced Separated Widowed Never Married

17. Social Security Number: _____

18. Drivers License Number: _____ State _____ Type _____ Exp Date _____
[Attach photocopy of the front of your drivers license to back of application]

19. Are there any restrictions on your drivers license-explain: _____

20. Have you ever had your drivers license suspended or revoked? Yes No

a. If yes, when and under what circumstance? _____

21. Have you ever had automobile insurance refused, withdrawn, or revoked, or have you ever been required to obtain special risk insurance? Yes No

a. If yes, provide details: _____

22. Are you a United States citizen? Yes No a. If you have been naturalized, state the Date, Name of the Court, and your Certificate Number: _____

23. Are you a citizen of Mississippi? Yes No a. If yes, for how long? _____

24. Are you over 19 years of age (circle one): YES or NO
If the answer is no, employment is subject to verification that you are of minimum legal age.

25. List chronologically all of your places of residence for the past ten (10) years.

DATES FROM TO	ADDRESS	CITY	STATE

MILITARY SERVICE

26. Have you ever served on active duty in the United States military? Yes No

a. If yes, what branch of the military? _____ b. Type of discharge: _____

c. Dates of service: _____ d. Highest Rank: _____

e. Military Job Description: _____

27. Are you currently in the National Guard or other Reserve Unit? Yes No

a. If yes, what branch and where is your Unit located? _____

b. Does your pay status require drills, meetings, or camps? Yes No

28. If you were ever disciplined in the military, explain circumstances in detail: _____

[Attach copy of military discharge]

EDUCATION / TRAINING

29. Please tell us about your education and schools attended:

SCHOOL TYPE	NAME OF SCHOOL	LOCATION	DATES
Elementary			
High School			
College			
Other			

30. Give dates and location of college, university, trade, vocational, or other school training:

NAME OF COLLEGE OR UNIVERSITY Include Online Study	LOCATION	DATES	COURSES PURSUED OR FIELD OF STUDY	TYPE DEGREE AND DATE OBTAINED

31. Please list any Post Graduate, Business, Trade, or other education/training below:

COURT RECORD

32. Have you ever been arrested, charged, received a summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No

33. Have you ever been convicted of or plead guilty to a felony within the past seven (7) years? Yes No
 Explain: _____

34. Have you ever received a ticket or been charged with a traffic violation? Yes No

35. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance? Yes No
36. Do you now or have you ever abused prescription drugs or any narcotic? Yes No
37. Do you now or have you ever had a problem with alcohol over-consumption? Yes No
38. Have you ever entered a substance / alcohol abuse treatment program? Yes No
- a. If yes, what year and under what circumstances? _____
- _____
- b. If yes, did you successfully complete the treatment program? Yes No
39. Have you ever fraudulently received welfare, unemployment or workman's compensation benefits? Yes No
- a. If yes, explain: _____
- _____
- _____
- _____

REFERENCES

40. Give three references (not relatives) who are responsible adults of reputable standing in their communities who have known you well during the past five years.

1	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

2	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

3	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

41. Give three social acquaintances that are in your own age group who have known you well during the past five years.

1	NAME		HOME ADDRESS	HOME PHONE
	OCCUPATION		BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE		BEST DAYTIME PHONE NUMBER	

2	NAME		HOME ADDRESS	HOME PHONE
	OCCUPATION		BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE		BEST DAYTIME PHONE NUMBER	

3	NAME		HOME ADDRESS	HOME PHONE
	OCCUPATION		BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE		BEST DAYTIME PHONE NUMBER	

EMPLOYMENT HISTORY

42. Have you ever been bonded? Yes No

If YES, for what jobs: _____

43. List chronologically all employments beginning with your current or most recent employer.

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)		
JOB TITLE		SUPERVISOR'S NAME		NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:		
FULL OR PART TIME?				

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)		
JOB TITLE		SUPERVISOR'S NAME		NO. SUPERVISED BY YOU

DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
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EMPLOYMENT HISTORY CONTINUED

DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:
FULL OR PART TIME?		

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU

DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
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EMPLOYMENT HISTORY CONTINUED

DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:
FULL OR PART TIME?		

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

44. Have you ever applied for and received Worker's Compensation benefits? Yes No
 a. If yes, please provide details, including employer name, nature of injury, date of injury, return to work date, and any current limitations relating to the injury that may affect your ability to perform the essential functions of the position. Use additional paper if necessary.

Applicant's Certification and Agreement

Please Read Carefully

I hereby certify that the facts set forth in the above employment application are true and compete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

I agree to submit to a physical examination by a physician designated for the City and to future physical examinations the City may require as a condition of continued employment. I also agree to a pre-employment alcohol/drug test conducted by a person or entity chosen by the City as well as any future alcohol/drug test the City may require as a condition of continued employment. I understand that all appointments are probationary for a period. I understand that employment with the City of Amory requires that I comply with all policies and procedures, present and future, as established by the City of Amory, and I agree that as an at-will employee, my employment and compensation can be terminated at any time, for any reason, with or without notice, at the option of either the City or myself. I further agree upon termination of employment, to return all City property in my possession prior to the last date of employment.

This application is valid for ninety (90) days from the date of submission, if I wish to be considered after that I must re-apply.

Signature of Applicant

Date

AUTHORITY TO RELEASE INFORMATION

Please read the following release form carefully and enter your signature, address, and the date in the designated spaces.

To Whom It May Concern:

Having made application to the City of Amory, and desiring them to be informed of my past record and character whether it be financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned hereby authorize the release of all such information, privileged or otherwise, to the City of Amory and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information. I authorize person, schools, employers and others names in the application to provide any relevant information that may be required. Said person, schools, employers, and organizations are released from all liability for any damage for issuing this information and I waive any claims and causes of action which I may have against the City for seeking this information.

Signature of Applicant

Date Signed

Address

City

State

AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the Mayor and Board of Aldermen of the City of Amory, Mississippi and/or their authorized representatives to conduct a background screening check with law enforcement, previous employers, credit reporting agencies, educational institutions, and any person or organization to determine my suitability for employment with the City of Amory, Mississippi.

Date: _____ Signature: _____

Printed Name: _____
 First Middle Last

Social Security Number: _____

Place of Birth: _____
 City County State

Drivers License : _____
 Number State

The information obtained through this screening process will be held in strict confidence and only used as a part of the selection process for employment with the City of Amory, Mississippi.

APPLICANT MUST FILL OUT ALL AREAS MARKED WITH AN "X"



**BOND APPLICATION
COMPLETE FOR ALL BONDS**

COMPLETE APPLICABLE SECTION ON INSIDE	
	Section
Probate	1
Guardian	2
Referee, Receiver, etc	3
Court	4
Liquor or Designated Agent	5
Grain Warehouseman	6
Public Official	7
Lost Securities	8
Financial Statement	9

AGENCY NAME GCM				
AGENCY ADDRESS PO BOX 888		CITY ABERDEEN	STATE MS	ZIP CODE 39730
NAME OF APPLICANT				
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		AGE _____ PHONE NUMBER: _____		
		SOCIAL SECURITY NUMBER _____		
HOME ADDRESS		CITY	STATE	ZIP CODE
BUSINESS ADDRESS		CITY	STATE	ZIP CODE
AMOUNT OF BOND \$50,000.00	EFFECTIVE DATE	TITLE OF BOND JOB DESCRIPTION:		
EXACT AND COMPLETE NAME OF OBLIGEE STATE OF MISSISSIPPI		ADDRESS OF OBLIGEE		
APPLICANT'S OCCUPATION OR BUSINESS	HOW LONG SO ENGAGED?	HAS APPLICANT EVER FILED FOR BANKRUPTCY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF SO, WHEN?		

CERTIFICATION AND INDEMNIFICATION

The applicant hereby certifies that all the declaration made and answers given in this application are the truth without reservation, and are made for the purpose of inducing Brierfield Insurance Company of Mississippi, (or its subsidiaries or interest) (herein referred to as "the Company") to become Surety on a certain bond herein applied for, and any renewal of the same. In consideration of the Company executing said bond or bonds, the applicant agrees as follows:

The applicant will pay the Company all bond premiums when due, until the applicant shall give the Company written notice, in a form satisfactory to the Company, of its discharge from all liability under any such bonds.

The applicant will at all times indemnify and keep indemnified the Company from and against any and all claims, demands, losses, damages, costs, counsel fees and judgments whatsoever that the Company shall or may, for any cause at any time, sustain or incur by reason of or in consequence of said bond or any renewal thereof; that if the Company shall set up a reserve to cover any claim, suit or judgment under any such bonds, the applicant will, immediately upon demand, deposit with the Company a sum of money equal to such reserve; and if the Company shall bring suit to enforce any obligation of the applicant under this instrument, the applicant shall be liable for costs and expenses, including fees of attorneys, incurred in prosecuting such suit.

The applicant authorizes any attorney of any court of record, at the request of the Company, to waive the issuing and service of process and to appear to confess judgment against the applicant(s) for any sum due hereunder, and to waive all errors which may intervene in any such proceeding. The applicant waives all rights to claim any property, including homestead, as exempt from legal process under any applicable law as against the rights of the Company.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning credit, character, general reputation, personal characteristics and mode of living. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided.

Witness the following signature(s) and seal(s) this _____ day of _____, 20_____.

Witness _____ Applicant

Witness _____ Applicant

Witness _____ Applicant

THIRD PARTY INDEMNITORS SIGN BELOW

In consideration of Brierfield Insurance Company or its subsidiaries or interest executing the bond hereinabove applied for, (I) (we, jointly and severally,) join in the foregoing indemnity agreement.

Witness _____ Indemnitor

Witness _____ Indemnitor

Witness _____ Indemnitor