

EMPLOYMENT APPLICATION

All Applications will remain in effect for 90 days from the date the application is signed



City of Newton
P. O. Box 300
Newton, MS 39345

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position: _____

Date: _____

Full Name: _____ Date Available to Start: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ E-Mail: _____

Social Security Number: _____ Driver's License Number: _____ State: _____

Employment Desired: Full-Time Part-Time Temporary Seasonal Salary Desired: _____

If under 18, please list age: _____ Are you legally allowed to work in the United States? Yes No _____

Have you worked for the City of Newton? Yes No If yes, when? _____

Do you have any relatives presently employed by the City of Newton? Yes No

If yes, please explain: _____

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No

If yes, date and details: _____

Explain number of conviction(s), nature of offense(s), how recently, sentence(s), rehabilitation:

Education History

NAME OF SCHOOL	LOCATION (Complete mail address)	YEARS COMPLETED	MAJOR & DEGREE	DID YOU GRADUATE?	YEAR GRADUATED
High School					
College					
College or Trade					

Summarize your Special Skills and Qualifications:

**Work Experience - Please list your work experience beginning with your most recent job held.
(Attach additional sheets if necessary)**

Name of Employer:	Employment Dates:	Salary:
Supervisor Name:	From: To:	Start: Final:
Complete Address:	Phone Number:	Job Title:

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer:	Employment Dates:	Salary:
Supervisor Name:	From: To:	Start: Final:
Complete Address:	Phone Number:	Job Title:

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer:	Employment Dates:	Salary:
Supervisor Name:	From: To:	Start: Final:
Complete Address:	Phone Number:	Job Title:

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

References			
Complete Name	Relationship	Occupation	Phone number

<p>Military</p> <p>Have you ever been or are you currently in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what Branch? _____ Specialty: _____</p> <p>Date Entered: _____ Discharge Date: _____</p>
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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified or incomplete statements on this application shall be grounds for dismissal. I authorize an investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my denial of employment or previous employment and any pertinent information they may have, personal or otherwise, and release the city from all liability for any damage that may result from utilization of such information. I also understand and agree that no city representative has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized city representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. I further understand that nothing in this application is meant to be a guarantee of employment or continued employment and that, if employed; I will be an at-will employee.

Signature of Applicant: _____ Date: _____