

13197 HWY 513 | Enterprise, MS 39330

Phone: (601) 616-3612 | Fax: (601) 659-3394

EMPLOYMENT APPLICATION

**PERSONAL INFORMATION**

# FULL NAME: DATE:

**First Middle Last**

# ADDRESS:

**Street Address Apt/Suite**

**City State Zip Code**

# E-MAIL: PHONE:

**SOCIAL SECURITY NUMBER (SSN): - - DATE OF BIRTH:**

**DATE AVAILABLE: DESIRED PAY**: $ ☐ HOUR ☐ SALARY **POSITION APPLIED FOR: EMPLOYMENT DESIRED:** ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL.

**EMPLOYMENT ELIGIBILITY**

# ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO\*

**HAVE YOU EVER WORKED FOR THIS EMPLOYER?** ☐ YES\* ☐ NO

# \*IF YES, WRITE THE START AND END DATES: HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES\* ☐ NO

**\*IF YES, PLEASE EXPLAIN:**

**EDUCATION**

**HIGH SCHOOL:** CITY / STATE: FROM: TO:

GRADUATE? ☐ YES ☐ NO DIPLOMA:

**COLLEGE:** CITY / STATE: FROM: TO:

GRADUATE? ☐ YES ☐ NO DEGREE:

**OTHER:** CITY / STATE:

FROM: TO: DEGREE/CERTIFICATION:

**OTHER:** CITY / STATE: FROM: TO: DEGREE/CERTIFICATION:

**MILITARY SERVICE**

**ARE YOU A VETERAN?** ☐ YES ☐ NO

BRANCH**:**  RANK AT DISCHARGE: FROM: TO:

 TYPE OF DISCHARGE:

IF NOT HONORABLE, PLEASE EXPLAIN:

**PREVIOUS EMPLOYMENT**

|  |  |
| --- | --- |
| **Employer Name:** | Employer Address & Phone Number: |
|   |   |
| Dates Employed: | Your Title/Position: |
| From:  | To:  |   |
| Supervisor Name: | Supervisor Title: | Supervisor Phone Number: |
|   |   |   |
| Job Duties: |   |
| Reason for Leaving: |   | May we contact this employer?Yes or No  |
| **Employer Name:** | Employer Address & Phone Number: |
|   |   |
| Dates Employed: | Your Title/Position: |
| From:  | To:  |   |
| Supervisor Name: | Supervisor Title: | Supervisor Phone Number: |
|   |   |   |
| Job Duties: |   |
| Reason for Leaving: |   | May we contact this employer?Yes or No  |
| **Employer Name:** | Employer Address & Phone Number: |
|   |   |
| Dates Employed: | Your Title/Position: |
| From:  | To:  |   |
| Supervisor Name: | Supervisor Title: | Supervisor Phone Number: |
|   |   |   |
| Job Duties: |   |
| Reason for Leaving: |   | May we contact this employer?Yes or No  |

**Do you have a valid driver’s license?** ☐ YES ☐ NO **Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class of License:\_\_\_\_\_\_\_\_\_**

 **Have you had your driver’s license suspended or revoked in the last 3 years?** ☐ YES ☐ NO

**If yes, give details****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACTS**

**FULL NAME: RELATIONSHIP:**

First Last

**WORK: PHONE:**

**E-MAIL: CELL:**

**FULL NAME: RELATIONSHIP:**

First Last

**WORK: PHONE:**

**E-MAIL: CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCES**

(PROFESSIONAL ONLY)

**FULL NAME:** RELATIONSHIP:

First Last

COMPANY: TITLE:

E-MAIL: PHONE:

**FULL NAME:** RELATIONSHIP:

First Last

COMPANY: TITLE:

E-MAIL: PHONE:

**FULL NAME:** RELATIONSHIP:

First Last

COMPANY: TITLE:

E-MAIL: PHONE:

**BACKGROUND CHECK CONSENT**

# IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section *EVEN IF* you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being ***terminated.***

**SIGNATURE: DATE:**