



**EMPLOYMENT APPLICATION
(COMPLETE IN BLUE INK ONLY)**

This application shall be used for all positions except Police and Emergency Communication/Dispatch positions. Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

The City of Olive Branch is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, genetic information, alienage or citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done, which will ensure an equal employment opportunity without imposing undue hardship on the City of Olive Branch. Please inform the City’s Human Resource Department representative if you need assistance completing any forms or to otherwise participate in the application process.

PLEASE PRINT IN BLUE INK ONLY

Position(s) Applied For:	Date of Application:	Salary Desired:
--------------------------	----------------------	-----------------

How did you learn about the position? (circle one, if other explain)	Type of Employment Preference
City Web Site Friend Walk-in City Facebook Page Current Employee Other:	Full - Time Y or N Part - Time Y or N Temporary Y or N Seasonal Y or N Educational Co - Op Y or N

Last Name	First Name	Middle Name
Address	Street	City State Zip Code
Telephone number(s) where we can contact you: E-mail (optional):		
Cell: ()	Home: ()	Work: ()

If you are under 18 years of age, are you able to provide a work permit, if required? Yes No

Have you ever submitted an application with the City before? Yes No

If yes, please give date: _____

Have you ever been employed with the City before? Yes No

If yes, please give date(s): _____

Are you legally authorized to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Applicant Name _____ Date _____

Certain relationships between applicants for City positions, City employees or elected officials could constitute violations of State law or City policy if the applicant were hired. In order to assist the City in determining if a prohibited relationship exists, please identify below any and all persons related to you birth, marriage or otherwise that are employed by the City of Olive Branch or that are elected officials: _____

On what date would you be available for work? _____

Do you have restrictions on working any particular days or times or overtime, if needed? Yes No
 If yes, please explain: _____

Are you able to meet the attendance requirement for the job? Yes No

Are you currently working in any capacity for another government agency or entity that offers PERS (MS State Retirement) benefits? Yes No

If yes, for whom and how many hours are you working? _____

Are you able to perform all the essential requirements of the job for which you are applying? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? _____

EDUCATION

Type of School	School Name And Location	Highest Grade Completed	Grade Point Average	Degree Type	Major Studies
High School or G.E.D. Equivalent		9 10 11 12/GED		Did you receive your Diploma or GED Y or N	
College or University		1 2 3 4		Degree Achieved:	
Vocational or Trade School				Certification Achieved:	
Graduate School				Masters or PHD	
Other (Including Military Training)					

List any work related certifications or licenses you currently possess:

SKILLS / QUALIFICATIONS

List equipment and tools that you are able to operate and or any specific or special skills/qualifications that you have for the position(s) in which you are applying:

ACQUIRED SKILLS PLEASE CHECK AREAS IN WHICH YOU HAVE HAD EXPERIENCE OR TRAINING

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> KEYBOARD SPEED _____ WPM | <input type="checkbox"/> PROGRAMMING | <input type="checkbox"/> CUSTODIAL | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> BOOKKEEPING | <input type="checkbox"/> WORD PROCESSING | <input type="checkbox"/> BUILDING MAINT. | <input type="checkbox"/> AUTO /MECHANIC |
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> SPREAD SHEET | <input type="checkbox"/> TRACTORS | <input type="checkbox"/> CARPENTRY |
| <input type="checkbox"/> RECEPTIONIST | <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> HEAVY EQUIPMENT | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> CUSTOMER SERVICE | <input type="checkbox"/> DATA BASE MGMT | <input type="checkbox"/> TRUCK DRIVING | <input type="checkbox"/> SUPERVISORY |
| <input type="checkbox"/> 10 KEY CALCULATOR | <input type="checkbox"/> HAND TOOLS | <input type="checkbox"/> HVAC | |

Applicant Name _____ Date _____

BACKGROUND INFORMATION

Driver's License Number _____ State _____

During the past ten years, have you ever been discharged, suspended or asked to resign from any position?

____ Yes ____ No If yes, please explain _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?

____ Yes ____ No If yes, please explain _____

Have you ever been convicted of a crime (felonies and/or misdemeanors) that has not been expunged, erased, sealed, pardoned, annulled, eradicated by statute or court order, or dismissed upon condition of probation?

____ Yes ____ No If you check yes, please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation :

PERSONAL REFERENCES

List three persons, **other than relatives**, who have knowledge of your character and / or ability.

FULL NAME MAILING ADDRESS (include zip code) YEARS KNOWN PHONE NO.

Applicant Name _____ Date _____

IMPORTANT:

1. LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, FOR THE PAST TEN YEARS, **BEGINNING WITH THE MOST RECENT JOB HELD. Attach additional sheets if necessary.**
2. TAKE TIME TO FILL IN DATA CAREFULLY AND COMPLETELY. ONE OF THE WAYS QUALIFICATIONS ARE ACCESSED IS BASED ON THE DATA YOU ENTER ON YOUR EMPLOYMENT HISTORY.
3. INDICATE IF YOU ARE NOW UNEMPLOYED OR IF YOU HAVE NEVER BEEN EMPLOYED

EMPLOYMENT HISTORY

Company Name _____	Position _____	Telephone _____
Address _____		
Dates of Employment (month/year)	Starting	Final
From _____ To _____	Salary \$ _____	Gross Comp \$ _____
Supervisor Name and Title _____	If currently employed, may we contact for a reference? Yes No	
Summary of Duties _____		
Reason for Leaving _____		

Company Name _____	Position _____	Telephone _____
Address _____		
Dates of Employment (month/year)	Starting	Final
From _____ To _____	Salary \$ _____	Gross Comp \$ _____
Supervisor Name and Title _____	If currently employed, may we contact for a reference? Yes No	
Summary of Duties _____		
Reason for Leaving _____		

Company Name _____	Position _____	Telephone _____
Address _____		
Dates of Employment (month/year)	Starting	Final
From _____ To _____	Salary \$ _____	Gross Comp \$ _____
Supervisor Name and Title _____	If currently employed, may we contact for a reference? Yes No	
Summary of Duties _____		
Reason for Leaving _____		

Applicant Name _____ Date _____

OTHER

Do you have a non-compete clause, a confidentiality obligation, or a contractual obligation with your current or former employer that has not yet expired that could impact your ability to work at the City of Olive Branch in the position for which you have applied? Yes No

If you have answered "yes" to this question, please contact the HR Department and provide complete copies thereof.

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. Any misrepresentation or omission made on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

_____ Initials

I understand, where permissible under applicable state and local law, after receiving a conditional offer of employment, I may be subject to a pre-employment medical examination which could include a pre-employment drug test and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the City of Olive Branch.

_____ Initials

I hereby certify that the information given by me is true in all respects. I authorize the City of Olive Branch and its representatives to contact my prior employers and all other references provided for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ Initials

I understand employment with the City of Olive Branch is also contingent on providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I understand that this application is current for 60 days. At the conclusion of this time, if I have not heard from the City of Olive Branch and still wish to be considered for employment, it will be necessary to fill out a new application.

_____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I understand that no representation, whether oral or written, by any representative or agent of the City of Olive Branch, at any time, shall constitute an implied or expressed contract of employment, nor guarantee of continued employment, and I acknowledge that the City of Olive Branch reserves the right to modify company policies, procedures, manuals and similar documents at any time. I further understand that no representative or agent of the City of Olive Branch has the authority to enter into an agreement for employment for any specified period of time or to make any employment contract or agreement contrary to the foregoing, except in a written agreement with me signed by the City of Olive Branch Board of Aldermen.

_____ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. I **VOLUNTARILY WAIVE AND RELEASE PRIOR EMPLOYERS FROM ANY AND ALL LIABILITY FOR PROVIDING INFORMATION IN CONNECTION WITH THIS APPLICATION. MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.**

Applicant's signature _____

Date _____



MVR RELEASE CONSENT FORM

In connection with my application for employment and/or current employment with the City of Olive Branch, I understand that driving a City of Olive Branch vehicle (or my own vehicle, as required for business, training, etc.) may be a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I understand that a Motor Vehicle Report (MVR) will be required that will include information on my motor vehicle operation history from state sources. I agree to allow the City of Olive Branch to check my driving record prior to hire and to check it periodically thereafter. I further agree to report to my supervisor immediately any license suspensions, serious accidents or offenses, or any other condition that may affect my ability to drive a City of Olive Branch vehicle (or my own vehicle, if I am required to drive it) after I am hired. If required by the applicable job description, I agree to obtain a driver's license prior to hire if I do not already have one.

I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau or insurance company contracted by the City of Olive Branch, its agent's subcontractor, or employees to furnish the above mentioned information.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

If hired, I agree that this consent will apply throughout the course of my employment with the City of Olive Branch and will remain in effect until and unless revoked in a written document signed by me. I understand that I can revoke my consent to the City of Olive Branch by sending written notice of revocation to the attention of the HR Director at the City of Olive Branch, 9200 Pigeon Roost, Olive Branch, MS 38654. Such notice of revocation must be signed and expressly state that I revoke my consent. I understand that refusal to provide consent or revocation of consent is a refusal to accept the Policy of the City of Olive Branch and may affect my employment status with the City of Olive Branch.

I agree that a facsimile ("fax"), electronic or photographic copy of this consent shall be valid as the original.

Printed applicant's exact name as it appears on the driver's license: **BLUE INK ONLY**

Other names which you have been known by: _____

Address: _____

Driver's license number: _____ State of license: _____

E-Mail address: _____

Signature: _____ Dated: _____

Candidates under age 18 must have Parental Consent

I, _____ understand the above conditions and authorize the City of Olive Branch to conduct a MVR background check on my minor child or dependent listed above.

Printed Name of Parent or Guardian _____

Phone number cell _____ home/work _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian Signature _____ Date _____