



STONE COUNTY BOARD OF SUPERVISORS

Post Office Drawer 7 / 323 East Cavers Avenue
Wiggins, Mississippi 39577
TELEPHONE: (601) 928-5266 / FAX: (601) 928-6464

EMPLOYMENT APPLICATION

Application information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

Date Available: _____ S.S. no: _____ Desired salary: \$ _____

Position applied for: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for Stone County? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____



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References

Please list three professional references.

Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____
Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____
Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____

Previous Employment

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job title: _____	From: _____ To: _____
Responsibilities: _____	
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job title: _____	From: _____ To: _____
Responsibilities: _____	
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Resume attached?

Yes No

Do you have a valid Driver's License?

Yes No

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____