

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

# **EMPLOYMENT APPLICATION**

Application information Driv			er's License #:				Date of Birth:		
Application	intormation								
Full name:							Date:		
	Last		First		M.I.				
Address:							Phone:		
	Stre	et address			Apt/Unit #				
							Email:		
	City			State	Zip Code				
Date Available:		S.S. no:					Desired salary:	\$	
Position applied	for:								
Are you a citizer	of the United States?	١	∕es □	No □					
16			. –	=					
If no, are you au	ithorized to work in the l	J.S.? \	∕es □	No □					
Have you ever w	vorked for Stone County	? \	∕es □	No □	If yes, wh	nen?			
Have you ever b	soon convicted of a falan	v2 \	/ <b>-</b>	No. 🗆	If you ow	nlaina			
nave you ever b	een convicted of a felon	yr Y	∕es □	No □	If yes, ex	piairi?			
Education									
High school:				Address:					
rigii school.				Address.					
From:	To:		Did yo	ou graduate?	Yes □	No □	Diploma:		
College:				Address:					
From:	To:		Did yo	ou graduate?	Yes □	No □	Degree:		
Other:				Address:					
	_			,			_		
From:	To:		Did vo	ou graduate?	Yes	No 🗆	Degree:		



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

#### 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 □	No □	
Company:	Phone:		
Address:	Supervisor:		
Job title:	From:		То:
Responsibilities:			
May we contact your previous supervisor for a reference?	Yes □	No □	



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

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 □			
Have you ever been convicted of any crim not necessarily preclude you from employ			or traffic violatio	ons)? Conviction does
* If yes, please list the nature of the crime	e, any relevant dates and descril	oe the outcome of th	e situation.	
Disclaimer and signature				
I certify that my answers are true and com	nplete to the best of my knowled	ge.		
If this application leads to employment, I umy release.	understand that false or mislead	ling information in m	y application o	r interview may result in
Signature:			Date:	



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

### **Emergency Contact Information**

Full name:						Cell:	
	Last		First		M.I.		
Address:						Home:	
		Street address			Apt/Unit #	_	
						Email:	
		City		State	Zip Code		
Full name:						Cell:	
	Last		First		M.I.		
Address:						Home:	
		Street address			Apt/Unit #		-
						Email:	
		City		State	Zip Code		
Full serves						Onlle	
Full name:			Firm			Cell:	
Addis	Last		First		M.I.	11	
Address:		Street address			Apt/Unit #	Home:	
		Street address			Apty Offic #	Em aile	
		City		State	Zip Code	Email:	
		olly		Otato	2.6 0000		
Full name:						Cell:	
	Last		First		M.I.		
Address:						Home:	
		Street address			Apt/Unit #		
						Email:	
		Citv		State	Zip Code		