

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Employment application will only be held for (6) months.

## APPLICATION FOR EMPLOYMENT

**PRINT IN BLACK OR TYPE** These instructions must be followed exactly. Fill out application form completely. **If questions are not applicable, enter "NA". Do not leave questions blank.** Be sure to sign when completed. Tunica County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles; however **each copy must be signed. Resumes will not be accepted in lieu of applications**, unless specifically stated in the job vacancy notice. This application may become public record and may be subject to disclosure.

With few exceptions, you have the right to request and be informed about information that Tunica County collects about you. You are entitled to receive and review the information upon request. You also have the right to ask Tunica County to correct any information that is determined to be incorrect. (Reference: Government Code, Section 522.021, 522.023 and 559.004.)

Name: \_\_\_\_\_ SS Number: \_\_\_\_\_  
 (Last) (First) (Middle Name)

Mailing Address: \_\_\_\_\_ H ( ) \_\_\_\_\_  
 (Street) (City) (State) (County)

List any other names used if different from name on this application: \_\_\_\_\_

W ( ) \_\_\_\_\_ E-MAIL Address: \_\_\_\_\_

**List exact title of position or type of work and location for which you wish to apply:**

Do you have any relatives working for this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names and relationships: _____	Have you ever been employed by Tunica County: <input type="checkbox"/> Yes <input type="checkbox"/> No Termination Date: _____ (Month/Year)
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Applying for: Full-Time  Part-Time  Summer  Temp/Project  Date available for work: \_\_\_\_\_

Are you willing to work hours other than 8-5:  Yes  No what days are you unable to work: \_\_\_\_\_

Are you willing to travel:  Yes  No If yes, what percent of time: \_\_\_\_\_ %

Are you at least (16) years of age:  Yes  No Have you ever served in the U.S. Armed Forces:  Yes  No

(For Certified Law Enforcement Applicants Only) - Are you at least (21) years of age:  Yes  No

Current Driver's License #: \_\_\_\_\_ (Commercial  Yes  No) Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (State) (Number) (Month/Day/Year)

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge:  Yes  No  
 If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.  
 Note: Tunica County may require additional information related to convictions of misdemeanors.

**Education**  
 (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.) Indicate Highest Grade Completed: (Circle the highest grade) 1 2 3 4 5 6 7 8 9 10 11 12  
 (Please check one) Diploma  GED

Type of School Name and Location of School (Name/City/State)	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma/ Degree	Major/Minor Fields of Study
	From		To						
	Mo	Yr	Mo	Yr					

**If a license, certification, or other authorization is required or related to the position for which you are applying, complete the following: (Attach additional pages and/or copies, if necessary.)**

LICENSE/CERTIFICATION (Office, P.E., RN, Attorney, C.P.A., etc.)	Date Issued	Date Expires	Issued by/Location (State or other Authority/City & State)	License Number

**Special Training/Skills/Qualification:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type:

Do you speak a language other than English:  Yes  No

If yes, what language(s) do you speak: \_\_\_\_\_ How fluently: Fair  Good  Excellent   
 \_\_\_\_\_ How fluently: Fair  Good  Excellent

**Employment History**

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
4. Give a brief summary of the technical and if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Position Title: _____ Name of Employer: _____ Mailing Address: _____ City & State/ZIP: _____, _____ / _____ Employer's Telephone #: AC (    )    - _____ Specific reason for Leaving: _____	Immediate Supervisor's Name: _____ <table border="1" style="width: 100%;"> <tr> <th colspan="2">Start</th> <th colspan="2">End</th> <th>Final Salary:</th> </tr> <tr> <td>Mo</td> <td>Yr</td> <td>Mo</td> <td>Yr</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/></td> </tr> <tr> <td colspan="5">If Mgt. give # employees: _____</td> </tr> </table> Summary of Responsibilities: _____	Start		End		Final Salary:	Mo	Yr	Mo	Yr	\$					Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>					Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>	If Mgt. give # employees: _____				
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and completed, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the Tunica County Board of Supervisors requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand that Tunica County will check with the Mississippi Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_