



MONTGOMERY COUNTY

The Crossroads of Mississippi
EST. 1871

Employment Application

An Equal Opportunity Employer

MONTGOMERY COUNTY BOARD OF SUPERVISORS

POST OFFICE BOX 71

WINONA, MISSISSIPPI 38967

Phone (662) 283-2333 Fax (662) 283-2233

www.montgomerycountymiss.com

Please type or print in ink. Applicants are not required to give any information that is prohibited by federal, state, or local law. No information given on this application will be used in a discriminatory manner. This application will remain valid for 90 days. It is the applicant's responsibility to update their application with Human Resources for any posted position within those 90 days. Please print legibly.

Date:	Position Applying For:
Salary Desired:	

PERSONAL

Last Name	First	Middle	Social Security Number
Street Address			Date of Birth:
City, State, Zip			Phone Number:
County	Do you have a current Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO DL# _____ State _____		Do you have a current Commercial Driver's License and Medical Card? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what Class? _____ State _____
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when can you start?	
Have you worked for Montgomery County before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, dates and department?	
Are you able to perform the essential functions of the job you are applying for (with or without reasonable accommodations)?			<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

School	Name & Address of School	Course of Study	Last Year Completed				Degree Received
High School/GED			9	10	11	12	
College			1	2	3	4	
Graduate School			1	2	3	4	
Business or Trade School			1	2	3	4	

U.S. MILITARY SERVICE

Branch of Service:	Dates of Service:
Training and Experience Received:	

EMPLOYMENT RECORD

List present and past employment, beginning with the most recent. You may attach a resume as supplemental information.

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Salary	Reason for Leaving
Position Title	Supervisor		Phone Number	
Description of work:				

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Salary	Reason for Leaving
Position Title	Supervisor		Phone Number	
Description of work:				

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Salary	Reason for Leaving
Position Title	Supervisor		Phone Number	
Description of work:				

REFERENCES (Do Not Include Relatives)

Name & Occupation	Address	Phone Number

Do you have any relatives employed by Montgomery County or elected to an office in Mont. County? <input type="checkbox"/> YES <input type="checkbox"/> NO
List Name(s) and Department:

BACKGROUND

Have you ever been convicted of a felony? If yes, please provide the following for each offense: YES NO
(a) charge/description of crime (b) the date of conviction (c) the city and state, and (d) the action taken.

AGREEMENT

I certify that all the information submitted are true, correct and made in good faith.

I am aware that any omissions, falsifications, misstatements or misrepresentations above may disqualify me for employment consideration and if I am hired, may be grounds for termination at a later date. I understand that any information I may give in this application or in the continuing application process may be subject to verification and investigation. I consent to the release of information about my ability and employment history from employers, schools, law enforcement agencies, and other individuals and organizations to our HR staff and other authorized representatives of the Montgomery County Board of Supervisors for employment purposes.

The application for employment shall be considered active for a period of time not to exceed ninety (90) days. At the expiration of said ninety (90) day period, the application will be void, and an applicant must file a new application as required under Section 2.100 of the Montgomery County Personnel. Manual to be considered for employment in a position with Montgomery County.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also understand by signing this document I hereby agree to a drug screen test and background check and understand, also, that I am required to abide by all policies and regulations of the employer.

Signature _____

Date _____

REQUIRED FOR ROAD DEPARTMENT EMPLOYMENT ONLY

If you are applying for a Montgomery County Road Department position you must complete this form and return it along with the application to the Montgomery County Human Resource Department

Please check all that apply: **Write the number of years you have in experience with each selection out to the side**

SUPERVISOR

- Foreman
- Crew Leader
- Manager

OFFICE/CLERICAL

- Bookkeeping
- Receptionist
- Secretary

TECHNICAL

- Inspector
- Mechanic
- Carpenter
- Concrete Finisher
- Welder

EQUIPMENT

- Trackhoe
- Dozer
- Motor Grader
- Tractor with Dirt Pan
- Track Loader
- Four Wheel Drive Loader
- Backhoe/Loader
- Asphalt Spreader
- Chip Spreader
- Widening Machine
- Asphalt Distributor
- Asphalt Roller
- Power Broom
- Tractor Truck w/ Lowboy
- Tractor Truck w/ Dump Trailer
- Tandem Dump Truck
- Single Axle Dump Truck
- Roadside Sprayer Truck
- Lube/Service Truck
- Tractor with Boom Mower
- Tractor with Roadside Mower
- Chain Saw
- Concrete Saw
- Patch Roller

_____ Date _____

I understand that providing false information could result in the non-acceptance of my resume and/or termination of my employment

