



HINDS COUNTY

Personnel Department

P.O. Box 686

Jackson, MS 39205

Employment Application

Email Application and Resume to employment@co.hinds.ms.us

APPLICANT INFORMATION				
Last Name		First		M.I. Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Date Available		Available to work Overtime		Desired Salary
Position Applied for				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for Hinds County? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when and where?				
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				
If not a legal resident of Hinds County, are you willing to establish legal residency in Hinds County? YES <input type="checkbox"/> NO <input type="checkbox"/>				
EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
REFERENCES				
<i>Please list three professional references.</i>				
Full Name		Relationship		
Company		Phone ()		
Address				
Full Name		Relationship		
Company		Phone ()		
Address				
Full Name		Relationship		
Company		Phone ()		
Address				

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
Hinds County offers equal employment opportunity to all applicants without regard to race, color, religion, sex, national origin, disability, age, or military status.			
DISCLAIMER AND SIGNATURE			
I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Hinds County.			
Signature		Date	

APPLICATION FOR EMPLOYMENT

HINDS COUNTY

A. EEO INFORMATION

Name: _____ SS#: _____

Position: _____ Date: _____

The next four items are necessary to comply with federal requirements. The information below will be used only for statistical purposes. THERE SHALL BE NO DISCRIMINATORY USE OF THIS INFORMATION. Completion of this data is voluntary (*SECTION A NUMBER 1 and 2*).

1. Race:

African American

American Indian

Asian

Caucasian

Hispanic

Other _____

2. Sex:

Female

Male

**3. Have you been convicted of
a crime? yes no
If yes, what state, county
and court.**

4. Date of Birth:

Month Day Year

B. AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, _____, am an applicant for employment with a department in Hinds County government. I hereby, authorize my employers (_____ past and _____ present), my references and educational institutions to release to the Hinds County Administrator or to any representative thereof, a copy of any documents, information, record, or file he deems material to my employment application with Hinds County. I authorize a background check of my driving, criminal, credit and/or other records may be conducted before employment. I waive any and all legal communication privileges I could claim.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I release all of said individuals and organizations from all liability to me which could arise in complying with the above authorization.

I understand any information received by the County Administrator, or to any designated representative, will be available, only, to those individuals who are involved in the processing of my application and will be used only in the processing of my application.

I understand any misrepresentation in my application or associated documents may result in my application being rejected and/or my name being removed from consideration, or by being dismissed from employment.

Signature

Date