## CITY OF WAVELAND

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

	Cocial	Security Number			
Date:	Social Security Number:				
Name:Last	First	Mic	ldle		
		IVIIC	idic		
resent AddressStreet	City	Sta	te Zip		
this your permanent address: $\square$ Yes $\square$ No					
ome Phone number: ()	Cell Phone number ()	Other (	)		
re you 18 years of age or older: □Yes □	No Have your ever been arrested a	nd/or convicted of a felo	ony? □Yes □ No		
ave you ever applied for or held a posit	ion with the City before? □Yes □ No				
are you related to anyone currently empl	oved with the City? Em	plovee's Name:			
Oo you currently hold a valid Mississipp	Driver's License? Has your o	driver's license ever bee	en suspended or revoked?		
Position/Department requested: EDUCATION	Circle Last Year	Did you  Graduate?	Subjects Studied a  Degree(s) Receive		
Name and Location of School	Completed	Graduate.	Degree(s) Receive		
	1 2 3 4				
	1 2 3 7				
	1224				
	1 2 3 4				
	1 2 3 4				
ubjects or special Study or Research	1 2 3 4				
Subjects or special Study or Research ob Related Skills (typing, driver's lice	1 2 3 4 Work:				

Month and Year	Name and Address of Employ	Reason er for Leaving	Contact Number	Salary Position (Upon leavin
From				
То				
From				
То				
From				
То				
From				
То				
	ist below three persons n	ot related to you, whom you have kno  Contact Number	Positions	Years
				Acquainted
AUTHORIZAT	CION			
"I certify that tl	he facts contained in	this application are true and alsified statements on this ap	-	·
"I certify that the and understand I authorize invecto give you an a they may have,	he facts contained in I that, if employed, f estigation of all state nd all information c personal or otherwi		plication shall be he references and Dyment and any p veland/Employee	grounds for dismissal l employers listed abovertinent information
"I certify that the and understand I authorize investo give you an athey may have, any damage that I also understaninto any agreem to the foregoing	he facts contained in that, if employed, f estigation of all state nd all information of personal or otherwi at may result from u nd and agree that no nent for employmen	ments contained herein and to concerning my previous employse and release the City of Wa tilization of such information or representative of the City of t for any specified period of ting, approved by the Board of	plication shall be he references and syment and any p veland/Employee Waveland has an me, or to make a	grounds for dismissal demployers listed abovertinent information is from all liability for authority to enter ny agreement contrary
"I certify that the and understand I authorize investo give you an athey may have, any damage that I also understant into any agreem to the foregoing authorized City	he facts contained in that, if employed, for that, if employed, for the state and all information of the personal or otherwing that may result from under the for employments, unless it is in writing of Waveland Representations.	ments contained herein and to concerning my previous employse and release the City of Wa tilization of such information or representative of the City of t for any specified period of ting, approved by the Board of	plication shall be the references and byment and any power and for the ployee when the ployee the ployee and th	grounds for dismissal demployers listed above the sertinent information is from all liability for authority to entering agreement contrary men and signed by a service of the service of t
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**FORMER EMPLOYERS** List below your last four employers, starting with the last one first.