



# City of Yazoo City

Founded

P.O. Box 689, 128 E. Jefferson St., Yazoo City, Mississippi 39194  
Phone: (662) 746-3211 \* Fax: (662) 746-6506 \* [www.cityofyazoo.org](http://www.cityofyazoo.org)

## Job Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status. The City of Yazoo City is a "Drug Free Workplace."

***Note: Application must be completed in entirety. Resumes may be submitted in addition to completed application.***

Position(s) applied for:

Date of application:

Please fill out all sections below:

First Name	Middle Name	Last Name	
Physical Address	City	State	Zip Code
Telephone Number:			
Email Address:			
Social Security Number:			

**Proof of citizenship or immigration status will be required upon employment. (CIRCLE ONE)**

Are you a U.S. citizen or approved to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Can you provide a proof of citizenship or legal status? Yes No

Do you have a valid driver's license? Yes No

If yes, STATE: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

If offered a position, when would you be able to start? \_\_\_\_\_

Have you ever applied to or worked for City of Yazoo City before? Yes No

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for City of Yazoo City Yes No

If yes, state name & relationship: \_\_\_\_\_

Have you ever been convicted of a felony within the last seven years? Yes No

If yes, explain. (Applicants are not obligated to disclose: (1) Sealed or expunged records of conviction or arrest; (2) Expunged juvenile records of conviction or arrest; or (3) a crime of which you have pleaded guilty, have reached supervision, have complied with court supervision, and have reached a judgement dismissing the charges.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Education and Training

### High School

Name	Location (City, State)	Year Graduated	Diploma/GED

### College/ University

Name	Location (City, State)	Year Graduated	Degree

### Vocational School/ Specialized Training

Name	Location (City, State)	Year Graduated	Certificate

### Military (CIRCLE ONE)

Are you a member of the Armed Services? Yes No

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?  
 \_\_\_\_\_  
 \_\_\_\_\_

### Other Qualifications

Summarize special job-related skills, qualifications or additional information acquired from employment or other experience that you may feel would be helpful in considering your application.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specialized Skills/ Licenses (Check all that apply)

\_\_\_ PC

\_\_\_ Typing

\_\_\_ Microsoft Office (PowerPoint, Excel, Word)

\_\_\_ Other (Machinery/ Mobile Equipment)

**Describe** \_\_\_\_\_

**References**

Please **do not** list family members or past employers already listed under employment history.

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Phone and Fax #)

\_\_\_\_\_  
(Address) (Email)

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Phone and Fax #)

\_\_\_\_\_  
(Address) (Email)

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Phone and Fax #)

\_\_\_\_\_  
(Address) (Email)

## Applicant's Statement

I certify that the information I have entered on this form is true and complete to the best of my knowledge. I have read the minimum qualifications for this job and believe that I am qualified. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that if I deliberately conceal or enter false information on this form, that I may be removed from my job; that nothing contained in this employment application or in the granting of interview is intended to create a contract between me and the City of Yazoo City for either employment or the provision of any benefits; that information in this application may be released in an authorized legal investigation; and that for the purpose of this certification, a photo copy of my signature shall have the same force and effect as my original signature. I agree that the City of Yazoo City, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENTAL ONLY

Arranged Interview  Yes  No

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Interview: \_\_\_\_\_

Employed?  Yes  No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Salary \_\_\_\_\_

Department \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Name, Title

\_\_\_\_\_  
Date