EMPLOYMENT APPLICATION

All Applications will remain in effect for 180 days from date the application is received.

Programs, service and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations to complete the application or assistance with an interview

POSITION APPLIED FOR:

- A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTION FOR COMPLETION OF THIS APPLICATION
- THE CITY OF VICKSBURG IS AN AT WILL EMPLOYER
- THE CITY OF VICKSBURG REQUIRES A DRUG AND DURING BACKGROUND CHECK

Full Name:						Today	's Date:		
Address:			City:			State:		Zip Code:	
Phone:		Cell:		E	mail A	ddress:			
Do you have a v license?	you have a valid driver's YES No A a valid				you will be required to obtain and maintain tate of Mississippi driver's license. (INITIAL)				
Employment Desired:	Full-Time Part-Time Temporary Seasonal								
Have you ever worked for the City Of Vicksburg?									
The COV requires and administers criminal background checks and drugs screens prior to employment. Have you ever plead guilty, no contest, been convicted of a crime or placed on community supervision?									

EDUCATION

TYPE OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NO. YEARS ATTENDED	MAJOR & DEGREE	GRADUATED	YEAR GRADUATED
High School					
College					
Post College					

PERSONAL REFERENCES (EXCLUDING FORMER EMPLOYEES OR RELATIVES)

Name & Occupation	Address	Home Phone	Work Phone



CITY OF VICKSBURG P.O. BOX 150 1415 WALNUT STREET VICKSBURG, MS 39180 hr@vicksburg.org

		Name and Address of	Supervisor's Name and Phone	
Dates		Name and Address of Employer	Supervisor's Name and Phone	Reason for Leaving
From	То			
Job Title/ D	uties			
	ates	Name and Address of	Supervisor's Name and Phone	Reason for Leaving
	dles	Employer		Nedson for Leaving
From	То			
Job Title/ D	uties			
		loyers listed above?		
			ob Skills	
Microsoft (Office: 🔲 W	ord Excel PowerP	Point Email Other	Typing Speed WPM:
Special tra	ining, skills, lic	enses /certificates that may as	ssist in performing the positon f	
ne is true and acts, written gree that the employment,	d complete to f or verbal, will e City or its ag and/or school	he best of my knowledge. I und l subject me to disqualification gents may thoroughly investigat	lerstand that any deliberate falsif from employment with or dismis te and inquire into and examine ny authorization for the City	and that the information given by ication or withholding of materia ssal from the City of Vicksburg. any records concerning criminal to conduct the aforementioned
	Signa	ture of Applicant		Date
		CONSENT TORE	LEASE INFORMATION DAT	ſΑ
he City of V Resources Do of Vicksburg	Vicksburg's, H epartment cons , its Board, su	, hereby, here	y authorize the City of Vicksbur I understand that by granting anel file, that I will hold the follo	rg to release my personnel file to the City of Vicksburg's Human owing, but no limited to, the City s of any kind and of any nature
	Signa	ture of Applicant		Date
		rams and services that contr		g and implementing fair and c City of Vicksburg's goals, as

NOTE: THIS APPLICATION WILL BE IN OUR ACTIVE FILES FOR SIX (6) MONTHS FROM THE LISTED DATE RECEIVED.