



Jackson County

Employment Application

An Equal Opportunity Employer

JACKSON COUNTY BOARD OF SUPERVISORS
POST OFFICE BOX 998
PASCAGOULA, MISSISSIPPI 39568-0998
Phone (228)769-3380 Fax (228)769-3379
www.co.jackson.ms.us

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.**

Date:	Position Applying For:
Salary Desired:	

PERSONAL

Last Name	First	Middle	Social Security Number
Street Address			Home Phone
City, State, Zip			Alt. Phone
County			Driver's License Number
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when can you start?	
Have you worked for Jackson 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:				

Please list any additional skills or qualifications that relate to your ability to perform the job for which you have applied; licenses, professional types of machinery, equipment you operate, etc.

REFERENCES (Do Not Include Relatives)

Name & Occupation	Address	Phone Number

Do you have any relatives employed by Jackson County or elected to an office in Jackson 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 foregoing statements are complete, true and correct. In consideration of the employment sought, I hereby authorize the County to investigate and request former employment to furnish any information concerning me, and I release them from any and all liabilities or damages due to furnishing truthful information.

I hereby agree, on request to undergo physical examination by a physician designated by the County at the County's expense and to also undergo future physical examinations that the County may require for continued employment and to be photographed. I further agree that I will submit to pre-employment drug testing, and if I am hired, I understand that I may be subject to future drug testing pursuant to policies of Jackson County. I understand and agree to a pre-employment review of my motor vehicle record and, if I am employed and operate County vehicles or other similar equipment, to a periodic review of my motor vehicle record. I agree to conform to the rules and regulations of the County and understand that my employment and compensation may be terminated with or without cause and with or without notice at any time at the option of either the County or myself. I further understand that no employment contract exists or is created by the implementation of any County personnel policies and that no representative of the County has authority to enter into an agreement with me for employment of any specified period of time, or to make any agreement with me; contract to the foregoing; and also that any employee of Jackson County may be terminated at any time with or without cause.

In addition, I understand that this employment application is not an employment contract. I understand that misrepresentation or omission of facts called for is cause for rejection of the application, or dismissal, if discovered after I am hired.

Signature

Date



JACKSON COUNTY

BOARD OF SUPERVISORS

APPLICATION DATA FORM

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, state, or local law. The information below will be used only for statistical purposes.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Date: _____ Position Applied For: _____

Sex: Male Female

ETHNIC GROUP:

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

_____ **AMERICAN INDIAN or ALASKAN NATIVE:** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **BLACK or AFRICAN-AMERICAN:** Not of Hispanic origin.

_____ **HISPANIC or LATINO:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

_____ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **WHITE:** Not of Hispanic origin.

_____ **OTHER** _____