

# EMPLOYMENT APPLICATION



**CITY OF BYRAM**  
**P O BOX 720222**  
**BYRAM, MS 39272**

**All Applications will remain in effect for 90 days from date the application is signed**

Programs, service and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied For: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Full Name \_\_\_\_\_

Date Available for start: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Employment Desired:  Full-Time  Part-Time  Temporary  Seasonal Salary Desired: \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Are you legally allowed to work in the United States?  Yes  No \_\_\_\_\_

Have you worked for the City of Byram?  Yes  No If yes, when? \_\_\_\_\_

Have you ever pleaded guilty, no contest or been convicted of a crime?  Yes  No if yes, date and details: \_\_\_\_\_

Explain number of conviction(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education History

NAME OF SCHOOL	LOCATION (Complete mailing address)	NO OF YEARS COMPLETED	MAJOR & DEGREE	DID YOU GRADUATE?	YEAR GRADUATED
High School					
College					
College or Trade					

## Summarize your Special Skills and Qualification

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**Work Experience**

Please list your work experience from the past 10 years beginning with your most recent job held. **Attach addition sheets if necessary.**

Name of Employer:	Employment Dates: From:	Salary: Start:
Name of Supervisor:	To:	Final:
Complete Address:	Phone Number:	Your Last Job Title:
Reason for Leaving:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Responsibilities:**

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Name of Employer:	Employment Dates: From:	Salary: Start:
Name of Supervisor:	To:	Final:
Complete Address:	Phone Number:	Your Last Job Title:
Reason for Leaving:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Responsibilities:**

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Name of Employer:	Employment Dates: From:	Salary: Start:
Name of Supervisor:	To:	Final:
Complete Address:	Phone Number:	Your Last Job Title:
Reason for Leaving:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Responsibilities:**

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**Name of Employer:**

**Employment Dates:**

**Salary:**

**Name of Supervisor:**

**From:**

**Start:**

**To:**

**Final:**

**Complete Address:**

**Phone Number:**

**Your Last Job Title:**

**Reason for Leaving:**

**May we contact this employer for a reference?**  Yes  No

**Responsibilities:**

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**References**

Complete Name	Relationship	Occupation	Telephone

**Military**

**Have you ever been or are you currently in the Military?**  Yes  No

If yes, what Branch?	Specialty	Date Entered	Discharge Date

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified uncompleted statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my denial of employment or previous employment and any pertinent information they may have, personal or otherwise, and release the city from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the city has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized city representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. I further understand that nothing in this application is meant to be a guarantee of employment of continued employment and that, if employed; I will be an at-will employee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_