

# *City of Vicksburg*

## *Application for Employment*

Name \_\_\_\_\_

Position Applying for \_\_\_\_\_

The City of Vicksburg is an “At-will” Employer!!



**Mailing Address:**

**City of Vicksburg  
Department of Human Resources  
1415 Walnut Street  
P.O. Box 150  
Vicksburg, MS 39180**

**Name** \_\_\_\_\_  
*Last First Middle*

**Present Address** \_\_\_\_\_  
*St.No. Street Name City State Zip Code*

**Telephone Number** \_\_\_\_\_  
*Home Cell Other*

List any friends or relatives working for the City of Vicksburg	Check Appropriate Box:		
	Friend	Relative	Relationship
1. _____			
2. _____			
3. _____			

Have you been employed by the City of Vicksburg Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, \_\_\_\_\_  
*Department Supervisor From: To: Dates of Employment*

If hired, on what date will you be available to start work? \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_

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

**Education Background**

Type of School	Name & Address	No. Years Attended	Graduated		Course or Major
High School			Yes	No	
College			Yes	No	
Post College			Yes	No	
Business/Trade			Yes	No	
Other			Yes	No	

**Personal References (Excluding former employees or relatives)**

Name & Occupation	Address	Home Phone	Work Phone
1. _____			
2. _____			
3. _____			

**Work – Experiences** *(List current work experience first)*

Dates		Name and Address of Employer	Supervisor's Name and Phone	Reason for Leaving
From	To			
<b>Job Title/ Duties</b>				

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From	To			
<b>Job Title/ Duties</b>				

May we contact the employers listed above? \_\_\_\_\_

Job Skills
1.
2.
3.

**I hereby certify** that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge. I understand that any deliberate falsification or withholding of material facts, written or verbal, will subject me to disqualification from employment with or dismissal from the City of Vicksburg. I agree that the City or its agents may thoroughly investigate and inquire into and examine any records concerning criminal, employment, and/or school records. My signature is my authorization for the City to conduct the aforementioned investigations as well as any drug test policy that may be in place.

\_\_\_\_\_ *Date*

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

**\*Note: This Application will be in our active files for six (6) months from the listed date above**