BATESVILLE
RECREATION INDUSTRY
AGRICULTURE EDUCATION
MISSISSIPPI

Bringing progress to North Mississippi

Hal Ferrell, Mayor
Shonnah Weaver, City Clerk
Colmon Mitchell, City Attorney

TO THE APPLICANT:

The Successful Applicant for the City of Batesville MUST:

a) **You must pass a background check including personal reputation, work history, and other areas.**
b) **Clear Criminal history.**
c) **Pass a pre-employment drug, alcohol, and physical test.**
d) **Applicant must have a valid MS Driver's License or MS Identification Card.**

Any applicant who is aware that they cannot meet the above requirements should not apply.

I certify that to the best of knowledge I am qualified for the position in which I am seeking with the City of Batesville.

Applicant's signature _____

Date _____

RETURN FORM WITH APPLICATION

CITY OF BATESVILLE

COMMUNICATIONS INFORMATION

THE FOLLOWING ADDRESS WILL BE USED BY US TO INFORM YOU OF YOUR STATUS WITH THE SCREENING PROCESS. IT IS YOUR RESPONSIBILITY TO PUT A CORRECT AND ACCURATE ADDRESS ON THIS FORM. **PLEASE PRINT THE INFORMATION CLEARLY. FAILURE TO DO SO WILL RESULT IN THE TERMINATION OF YOUR ELIGIBILITY!!**

NAME _____

STREET OR P.O. BOX _____

CITY _____ STATE _____

ZIP CODE _____

TELEPHONE NUMBER _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Batesville. The City of Batesville needs to thoroughly investigate *my* employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history to be disclosed to the City of Batesville.

I hereby authorize any representative of the City of Batesville bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, to any duly authorized agent of the City of Batesville, whether said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Batesville to consider in determining my suitability for employment in the department for which I applied for. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service, my work records, education records, my financial status, my criminal history record, including arrest records any information in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had any interest, attendance records polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. I hereby release you, as the officers, employees' representatives, or related personnel, both individually and collectively, from all liability for damages of whatever nature, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Batesville regardless of any agreement I may have made with you previously to the contrary.

The public service organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Batesville acceptance and processing of my application for employment, I agree to hold the City of Batesville, its agents, and employees harmless from all claims and liability associated with my application for employment or in any way connected with the decision whether to employee me with the City of Batesville. I understand that should information of a serious criminal nature surface because of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552A, The Privacy Act of 1974, about access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Batesville in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original wiring of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

_____

(Applicant's signature and date)

_____

(Applicant's current mailing address)

_____ _____

(Applicants Telephone number) (Applicant's Date of Birth)

_____

(Applicant's Social Security Number)

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)	Last	First	M.I.
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	MESSAGE CONTACT Name		Area Code Number
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? ☐ YES ☐ NO IF APPLYING FOR LAWENFORCEMENT ARE YOU AT LEAST 21 YEARS OLD? ☐ YES ☐ NO	
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		SALARY REQUIREMENTS:	$
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	

HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? ☐NO ☐YES WHEN? DEPARTMENT:

SUPERVISOR: REASON FOR LEAVING:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐NO ☐YES
If Yes, Give location, date, charge and disposition of case(s) on a separate page

IF APPLYING FOR LAW ENFOCEMENT, HAVE YOU EVER BEEN CONVICTED OF ANY CRIME. ☐NO ☐YES
If Yes, Give location, date, charge and disposition of case(s) on a separate page

IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

I HAVE A VALID DRIVER'S LICENSE ☐ YES ☐ NO

D.L.# _____

STATE _____

CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

☐ YES ☐ NO

ARE YOU RELATED TO ANY CURRENT EMPLOYEE OF THE CITY OF BATESVILLE?
☐ YES ☐ NO
If yes, list their name and department.

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

_____
Branch of Service

From: _____ To: _____ _____
Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME CITY STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL		9 10 11 12			
COMMUNITY or JUNIOR COLL		1 2			
		1 2			
BUSINESS or TRADE SCHOOL		1 2			
COLLEGE or UNIVERSITY		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
GRADUATE SCHOOL					

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		☐ Skilled ☐ Competent ☐ Familiar
Spreadsheet		☐ Skilled ☐ Competent ☐ Familiar
Database		☐ Skilled ☐ Competent ☐ Familiar
Other		☐ Skilled ☐ Competent ☐ Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ (START) / _____ (FINAL) ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ (START) / _____ (FINAL) ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

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BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ (START) / _____ (FINAL) ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ (START) / _____ (FINAL) ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

_____

_____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____
ADDRESS _____
CITY,STATE,ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY,STATE,ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY,STATE,ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY,STATE,ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY, STATE, ZIP _____
HOME PHONE _____ BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: **MY PRESENT EMPLOYER(S):** ☐ **YES** ☐ **NO**
MY PAST EMPLOYERS: ☐ **YES** ☐ **NO**

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

CA and MN only: check here ☐ if you wish to receive a copy of the consumer report directly from the consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement

To: All Applicants For Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

_____

Name *(please print)*

_____

Signature Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)