

WEBSTER COUNTY BOARD OF SUPERVISORS

6333 MS HWY 9, STE 123
WALTHALL, MS 39771
PHONE 662-258-4131
FAX 662-258-9635

Russell S. Turner, Clerk
Buchanan Meek, Jr., Attorney

Curtis Morris, Dist 1
Pat Cummings, Dist 2
Randy Rico, Dist 3
Paul Crowley, Dist 4
Doug Burgess, Dist 5

DEAR APPLICANT:

Please find enclosed an Application For Employment along with three (3) copies of a Reference Recommendation Form. Please complete the application and return to the Webster County Board of Supervisors. Also, you will need three (3) people of your choice to complete the recommendation form. You should provide these three (3) people with the form and a self-addressed stamped envelope addressed to Webster County for their convenience. Thank you for your interest in working for Webster County.

WEBSTER COUNTY
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APPLICATION FOR EMPLOYMENT

THIS APPLICATION WILL STAY ON FILE FOR 90 DAYS

POSITION APPLYING FOR _____

NAME _____ MAIDEN _____

SOCIAL SECURITY # _____ D.L. # _____

PRESENT ADDRESS _____

PRIOR ADDRESS IF PRESENT IS LESS THAN FIVE YEARS:

TELEPHONE _____ DATE OF BIRTH _____

ARE YOU A MEMBER OF THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM? _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR/FELONY, OR ENTERED A GUILTY PLEA OR NOLO CONTENDERE PLEA TO A MISDEMEANOR/FELONY CHARGE.

FELONY _____ YES _____ NO MISDEMEANOR _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE? _____ YES _____ NO

DO YOU HAVE A VALID DRIVER'S LICENSE THAT IS NEITHER SUSPENDED NOR REVOKED? _____ YES
_____ NO

WEBSTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND GOVERNMENT POLICY REQUIRES THAT CONSIDERATION BE GIVEN TO ALL APPLICANTS WITHOUT REGARD TO RACE, COLOR, MILITARY STATUS, RELIGION, SEX, NATIONAL ORIGIN, AGE, A LEGALLY DEFINED DISABILITY TO A QUALIFIED APPLICANT OR OTHER STATUS AS PROTECTED BY LAW. THIS EMPLOYER PARTICIPATES IN E-VERIFY. (FEDERAL LAW REQUIRES ALL EMPLOYERS TO VERIFY THE IDENTITY AND EMPLOYMENT ELIGIBILITY OF ALL PERSONS HIRED TO WORK IN THE UNITED STATES.) THERE WILL BE A THOROUGH BACKGROUND CHECK INTO CRIMINAL RECORDS AT ALL LEVELS AS WELL AS THE STATEMENTS MADE IN THIS APPLICATION.

EDUCATIONAL BACKGROUND

SCHOOL ATTENDED/ LOCATION	DATES	DIPLOMA/DEGREE

WORK EXPERIENCE

EMPLOYER	DATES	TYPE OF EMPLOYMENT

REFERENCES

GIVE NAME AND ADDRESS OF THREE PEOPLE, NOT RELATIVES, WHO ARE FAMILIAR WITH YOUR WORK OR WHO ARE GOOD CHARACTER REFERENCES.

NAME/TITLE	ADDRESS	PHONE NUMBER

WHAT ARE YOUR QUALIFICATIONS FOR THE POSITION WHICH YOU HAVE APPLIED?

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY WEBSTER COUNTY? _____ YES _____ NO

IF HIRED, WHEN WOULD YOU BE ABLE TO BEGIN WORK? _____

IN SIGNING THIS APPLICATION, I GIVE PERMISSION TO WEBSTER COUNTY TO CHECK REFERENCES, CONDUCT A BACKGROUND CHECK INTO CRIMINAL RECORDS AT ALL LEVELS, AND TO INVESTIGATE STATEMENTS MADE IN THIS APPLICATION. MY SIGNATURE ALSO ATTESTS TO THE FACT THAT ALL STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I AM ALSO AWARE THAT MAKING A FALSE STATEMENT ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL IF EMPLOYED OR FOR REJECTION OF THIS APPLICATION BY WEBSTER COUNTY.

SIGNATURE OF APPLICANT

DATE

**RECOMMENDATION FORM FOR
WEBSTER COUNTY BOARD OF SUPERVISORS**

APPLICANT'S NAME _____
PLEASE PRINT

I REQUEST THAT THE INFORMATION SOLICITED ON THIS RECOMMENDATION FORM BE RELEASED TO WEBSTER COUNTY. I UNDERSTAND AND AGREE THAT THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL BY WEBSTER COUNTY AND WILL NOT BE AVAILABLE TO ANYONE OTHER THAN AUTHORIZED PERSONNEL EMPLOYED BY WEBSTER COUNTY.

SIGNATURE OF APPLICANT _____
DATE

THE PERSON WHOSE NAME APPEARS ABOVE HAS APPLIED FOR WORK WITH THE WEBSTER COUNTY BOARD OF SUPERVISORS. YOUR EVALUATION OF THE APPLICANT WILL HELP WITH THE SELECTION PROCESS.

How long have you known the applicant? _____
In what capacity? _____

Please CHECK the appropriate evaluation:

	Strong	Satisfactory	Average	Below Average	Needs Improvement	Cannot Judge
Ability to Communicate Orally						
Works well with public						
Problem Solving						
Responsibility/Reliability						
Integrity and Professional Ethics						
Motivation						
Organization						

STRENGTHS OR LIMITATIONS

ADDITIONAL REMARKS

Signature

Date

Print Name

Business

Position/Title

Phone

The above named applicant may review this letter of recommendation. (Please initial)
Yes No

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