



2420 Old Brandon Rd Pearl, MS 39208

Telephone (601)932-2262

Fax (601) 932-3568

[www.cityofpearl.com](http://www.cityofpearl.com)

**Please Print**

Date of Application: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
MONTH / DAY / YEAR

Position applying for: *First Choice:* \_\_\_\_\_  
TITLE DEPARTMENT  
*Second Choice:* \_\_\_\_\_  
TITLE DEPARTMENT

Name: \_\_\_\_\_  
LAST FIRST MI

Address: \_\_\_\_\_  
NUMBER STREET  
CITY STATE ZIP CODE

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PERSONAL DATA**

Are you 18 years of age or older?  Yes  No

Do you have a valid Driver's License?  Yes  No

If yes, from which state? \_\_\_\_\_ Driver's License # \_\_\_\_\_

Do you have any relatives who are employees of the City of Pearl?  Yes  No

If yes, please list below:

NAME	RELATIONSHIP	DEPARTMENT

Have you ever been arrested, detained or charged with any crime, including traffic tickets but not parking tickets?  Yes  No If yes, complete the following, and add additional sheet if needed.

DATE	CHARGE	DISPOSITION	DETAILS

## EDUCATION

<b>Circle highest grade completed</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+	<b>High School:</b> (Name/Address) _____ _____ _____		<b>Graduated or Equivalent (GED):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Year Diploma Awarded: _____				
	<b>Name/location of college or universities</b>	<b>Dates attended from /to</b>	<b>Credit received</b> QTR.HR SEM.HR		<b>Major</b>	<b>Minor</b>	<b>Degree/ GPA</b>

List any school/college honors: \_\_\_\_\_

List any professional, trade, business, or civic activities and offices held. (You may exclude those that indicate race, religion, sex, or national origin): \_\_\_\_\_

Special skills or training: \_\_\_\_\_

## MILITARY SERVICE

Are you a veteran of the U.S. military service?  Yes  No \_\_\_\_\_

STARTING DATE      ENDING DATE

If yes, circle which branch: Army    Air Force    Navy    Marines    Coast Guard

Highest rank achieved: \_\_\_\_\_ Type of discharge and date: \_\_\_\_\_

Duties or training: \_\_\_\_\_

Are you now a member of the Reserves?  Yes  No    What branch? \_\_\_\_\_

Active     Inactive     Area of training: \_\_\_\_\_

## PREVIOUS RESIDENCES

List chronologically all your previous residences for the past five (5) years. If you need additional space, please attach another sheet.

Dates		Street Address	City	County	State	Zip
From	To					

# EMPLOYMENT HISTORY

List in order, beginning with your current or last employer, and describe duties performed. If you need additional space, please attach another sheet.

NAME OF CURRENT OR LAST EMPLOYER

TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

NUMBER OF EMPLOYEES YOU SUPERVISED

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Full Time  Part Time

Reason for leaving:

Statement of duties:

NAME OF CURRENT OR LAST EMPLOYER

TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

NUMBER OF EMPLOYEES YOU SUPERVISED

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Full Time  Part Time

Reason for leaving:

Statement of duties:

NAME OF CURRENT OR LAST EMPLOYER

TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

NUMBER OF EMPLOYEES YOU SUPERVISED

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Full Time  Part Time

Reason for leaving:

Statement of duties:

NAME OF CURRENT OR LAST EMPLOYER

TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

NUMBER OF EMPLOYEES YOU SUPERVISED

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Full Time  Part Time

Reason for leaving:

Statement of duties:

## PERSONAL REFERENCES

*Please exclude any former employers or relatives.*

NAME	TELEPHONE
STREET ADDRESS	OCCUPATION
CITY STATE ZIP	RELATIONSHIP

NAME	TELEPHONE
STREET ADDRESS	OCCUPATION
CITY STATE ZIP	RELATIONSHIP

NAME	TELEPHONE
STREET ADDRESS	OCCUPATION
CITY STATE ZIP	RELATIONSHIP

## CERTIFICATION

*The City of Pearl is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, sexual orientation, gender identity, national origin, veteran or disability status.*

*I certify that all information provided on this application is true, complete, and correct to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or in the event of employment, grounds for discharge. I also understand that this application will be kept on file for a period of one (1) year from the date it is received and it is my responsibility to notify Human Resources if any information changes during that time.*

*In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the City of Pearl. The position for which I may be selected shall be evaluated for approximately one (1) year during which period, the position may be abolished or my employment may be terminated at the sole discretion of the Mayor and Board of Aldermen. Notwithstanding the preceding sentence, the term of employment of all employees shall be in accord with all applicable laws, rules, and regulations.*

*For and in consideration of the acceptance and processing of my application for employment, I agree to hold the City of Pearl, its agents, officers and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Pearl. I understand that should information of a serious criminal nature surface as a result of a background investigation, such information may be turned over to the proper authorities.*

*I understand that if the City of Pearl makes a conditional offer of employment, I will be required to undergo a pre-employment physical examination, which includes drug/alcohol screening. I also understand and agree that, if employed I may be requested to submit to a drug/alcohol screening on a routine or neutral selection basis at any time following thirty (30) days after the City of Pearl receives the results of such pre-employment drug/alcohol tests. I understand that after my employment commences with the City of Pearl I may be required to submit to drug/alcohol screening if there is a reasonable suspicion that I have utilized alcohol or controlled substances in a manner prohibited by the City of Pearl's Employee Drug and Alcohol Testing Policy. I hereby consent to having the results of all drug and/or alcohol screening/testing disclosed to the City of Pearl. I also understand that any refusal to consent to such screening/testing is justification for refusal of employment, or in the event of employment, grounds for discharge.*

SIGNATURE OF APPLICANT

DATE

**AUTHORIZATION FOR RELEASE OF INFORMATION**



2420 Old Brandon Rd Pearl, MS 39208  
Telephone (601) 932-2262  
Fax (601) 932-3568  
[www.cityofpearl.com](http://www.cityofpearl.com)

To Whom It May Concern:

*Having made application with the City of Pearl for employment, and desiring them to be informed of my past record, whether it be financial, academic, military, employment, judicial, criminal, driving record or personal reference, I the undersigned, hereby authorize the release of all such information, privileged or otherwise, to the City of Pearl and its representatives.*

*I hereby release all contributing parties of such information from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive these rights with the understanding that information furnished will be used by the City of Pearl in conjunction with employment procedures.*

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

**Print Name:** \_\_\_\_\_  
LAST FIRST MI

**Signature:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

**Date of Birth:** \_\_\_\_\_  
MONTH / DAY / YEAR

**Social Security #:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_  
(AREA CODE) NUMBER

**Work Telephone:** \_\_\_\_\_  
(AREA CODE) NUMBER