

CITY OF BRANDON
1000 MUNICIPAL DRIVE
BRANDON, MS 39042

EMPLOYMENT APPLICATION

Social Security Number Last Name First Middle Maiden

Present Street Address Mailing Address if Different

City State Zip Code Home Phone Other Phone

Position Applying For: _____ Full-time Part-time Summer

Driver's License Number: _____ State: _____ Expiration Date: _____

Are you in the Active Reserves/National Guard? Yes No

Are you a Veteran? Yes No Date(s) and Type of Discharge: _____

Are you a U.S. Citizen? Yes No

In Case of Emergency Contact: _____ Phone: _____

EDUCATIONAL BACKGROUND

Do you have a high school Diploma? _____ Circle Highest School Year Completed
Do you have a GED Certificate? _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 _____
Date Received: _____

Name of College, University, or Technical School(s) Attended	Dates Attended	Did You Graduate?	Type Degree & Date Received	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any Skills, Training, License, and/or Certificates that may qualify you for the Position:

EXPERIENCE

Start with your present or last job and work back. May your present employer be contacted? Yes No

Starting Date: _____ Ending Date: _____ Name and Complete Address of Employer/Company: _____
Mo. Yr. Mo. Yr.

Hours Per Week: _____

Starting Salary: _____ Name, Title and Phone Number of Supervisor: _____

Ending Salary: _____

Reasons for Leaving: _____ Title of your Position: _____

Description of Duties: _____

Starting Date: _____ Ending Date: _____ Name and Complete Address of Employer/Company: _____
Mo. Yr. Mo. Yr.

Hours Per Week: _____

Starting Salary: _____ Name, Title and Phone Number of Supervisor: _____

Ending Salary: _____

Reasons for Leaving: _____ Title of your Position: _____

Description of Duties: _____

Starting Date: _____ Ending Date: _____ Name and Complete Address of Employer/Company: _____
Mo. Yr. Mo. Yr.

Hours Per Week: _____

Starting Salary: _____ Name, Title and Phone Number of Supervisor: _____

Ending Salary: _____

Reasons for Leaving: _____ Title of your Position: _____

Description of Duties: _____

REFERENCES

TELEPHONE NUMBER

I certify that all statements made herein are true and complete to the best of my knowledge. I authorize the verification and release of information regarding my background/character from any source contained on this application. I know that any misrepresentation herein may lead to disqualification and/or my dismissal from employment. If employed, I understand that I must satisfactorily complete the probationary period.

Date: _____ Signature: _____

DRUG TESTING OF APPLICANTS FOR EMPLOYMENT

As a condition of employment, applicants for jobs with the City of Brandon, including those seeking to be accepted into the City's law enforcement reserve program and volunteer firefighter program, shall be required to submit to an initial test and a confirmation test for the presence of alcohol or drugs or their metabolites. Prior to the collection of a specimen from such an applicant, the applicant will be required to read and sign the following statement, which will be provided on a separate sheet of paper:

Applicant's Acknowledgment and Release Regarding the Drug and Alcohol Policy for City of Brandon

I acknowledge by my signature that I have received, reviewed and fully understand the Drug and Alcohol Policy of the City of Brandon. I agree and consent to submit to specimen collection and drug and alcohol testing according to the terms of the policy. I understand that my refusal to sign this statement or my refusal to submit to required specimen collection and drug and alcohol testing in accordance with the policy or a positive result of a confirmation test for the presence of alcohol or drugs or their metabolites shall be a basis for rejecting my application for employment, the withdrawal of any conditional offer of employment and refusal to hire by the City of Brandon.

An applicant's refusal to submit to a test or a positive result of a confirmation test shall result in rejection of the employment application, the withdrawal of any conditional offer of employment and refusal to hire.

**CITY OF BRANDON
AUTHORIZATION FOR CONSUMER REPORT**

For employment purpose, we may obtain a consumer report and/or an investigative consumer report about you.

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or written five business days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services, and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicant's Name (print): _____

Social Security Number: _____

Current Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Signature & Date: _____

Witness Signature & Date: _____