



MADISON COUNTY BOARD OF SUPERVISORS APPLICATION FOR EMPLOYMENT

RETURN TO: MADISON COUNTY HUMAN RESOURCES DEPARTMENT
125 West North Street * Post Office Box 608 * Canton, MS 39046

TELEPHONE NUMBER: 601-855-5500
FAX NUMBER: 601-855-5510 Email: hr@madison-co.com

ANSWER ALL QUESTIONS – PLEASE PRINT OR TYPE YOUR NAME AND ADDRESS

POSITION APPLIED FOR _____ DATE _____

NAME _____ SOCIAL SECURITY NUMBER* _____
(First) (Middle) (Last)

PERMANENT MAILING ADDRESS _____
(Street & No.) (City) (State) (Zip Code)

TELEPHONE _____
(Home) (Include Area Code) (Cell) (Include Area Code)

EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)

High School Graduate or GED? YES NO College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name & Location	Dates Attended	Graduate?	Type of Degree / Diploma
High School			YES	
			NO	
College University			YES	
			NO	
Graduate or Professional			YES	
			NO	
Other educational vocational school, internships, etc.			YES	
			NO	

Are you legally eligible for employment in the U.S.? YES NO Are you related to anyone currently working for Madison County?
 YES Name _____
Type of work you will accept (check all that apply) Full Time Part Time NO Relationship _____

Date available for work _____
(Month) (Day) (Year)

Minimum annual salary acceptable \$ _____

Have you worked under any other name? Yes No
(Required for work records, and references) If yes, please list.

Have you ever been convicted of a crime (other than a minor traffic violation) under the name you used on this application or under any other name? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated along with all your qualifications in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

EMPLOYMENT DATA

In the space below, give your employment history starting with your present or most recent employer and list all positions held, including military, part time, summer, and significant volunteer work. Details on any period of unemployment must be included.

Current or Last Employer			Address		Phone ()	
Job Title			Supervisor's Name		No. Supervised by You	
Date Employed (mo/yr)		Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving		May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)		Duties				
Full Time		Years	Months			
Part Time		Years	Months			

Current or Last Employer			Address		Phone ()	
Job Title			Supervisor's Name		No. Supervised by You	
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)		Duties				
Full Time		Years	Months			
Part Time		Years	Months			

Current or Last Employer			Address		Phone ()	
Job Title			Supervisor's Name		No. Supervised by You	
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)		Duties				
Full Time		Years	Months			
Part Time		Years	Months			

REFERENCES

Name	Daytime Telephone	Occupation	Business Relationship	Years Known

US MILITARY SERVICE

Branch	Rank at Discharge	Type of Discharge	No. of Years Served

APPLICANT STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentation, or omissions – verbal or written – may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment, education and military history, including discipline and attendance records, by MADISON COUNTY and agree to cooperate in such investigation. I release from all liability and responsibility all persons and corporations requesting or supplying such information and references to MADISON COUNTY and waive any right to notice of such disclosure.

I hereby voluntarily consent to any and all lawful criminal background investigations conducted by MADISON COUNTY and in conjunction with any appropriate agency which MADISON COUNTY deems, in its sole discretion, to be reasonably necessary. The results of any investigations may be communicated and disclosed by or to third parties. As a consequence of any adverse information obtained about me by said investigation, I understand that I may not be offered employment by MADISON COUNTY or may be disciplined leading up to or including immediate discharge if I am currently working for MADISON COUNTY. Nonetheless, I hereby indemnify, release and forever discharge and hold MADISON COUNTY and its agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with such investigation, the results, or any lawful use of the results.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask MADISON COUNTY to attempt to make a reasonable accommodation for it. I must let MADISON COUNTY know of my need for accommodation as soon as possible.

Should I receive a conditional offer of employment, I agree to submit to a pre-employment drug and alcohol screening and/or a medical examination if required. I further authorize any physician or entity conducting such medical examination to release the results of such examination to MADISON COUNTY.

I give my consent for MADISON COUNTY, through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for release of the test results and other relevant medical information to authorized MADISON COUNTY management for appropriate review. If I am accepted for employment by MADISON COUNTY, I consent to be tested in the above manner during my employment if, in MADISON COUNTY'S judgment and in accordance with the *Madison County Employee's Handbook*, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with MADISON COUNTY'S substance abuse standards is a condition of my employment.

I understand that all employees of MADISON COUNTY are considered to be employed "at-will" and are employed on an indefinite basis and are subject to termination at any time, with or without prior notice, discipline, or warning, with or without cause, and for any reason not prohibited by law. Without limiting the foregoing, I further understand that I am required to abide by all rules, guidelines and values of MADISON COUNTY and to work the hours, days and shifts (either day or night) scheduled by the management of the business unit where I am employed.

Signature of Applicant: _____ Date: _____

Employment applications remain active for consideration for 90 days.