

County Administration  
365 Loshier St. Suite 205A  
Hernando, MS 38632

Phone 662.469.8020  
Fax 662.469.8266  
hr@desotocountymms.gov



WWW.DESOTOCOUNTYMS.GOV

Road Department  
2373 Gwynn Rd.  
Nesbit, MS 38651

Phone 662.469.8025  
Fax 662.469.8749  
May Apply In Person

## APPLICATION FOR EMPLOYMENT

*Desoto County is an Equal Opportunity Employer, accepting applications for employment with no regard to race, gender, color, creed, religion, national origin, age, disability, marital status, or any other legally protected status. Certain jobs require Surety Bond or use of a County vehicle, and will be subject to additional screening.*

*Please complete this application in its entirety. Incomplete applications are subject to dismissal.*

POSITION APPLYING FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MI LAST

ADDRESS: \_\_\_\_\_  
STREET CITY, STATE ZIP

CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY DESOTO COUNTY?  YES  NO

IF YES, PLEASE PROVIDE DATES AND JOB POSITION: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED BY DESOTO COUNTY?  YES  NO

IF YES, PLEASE PROVIDE NAMES: \_\_\_\_\_

WHICH TYPE OF WORK ARE YOU SEEKING? MARK ALL THAT APPLY.  FULL TIME  PART TIME  WEEKENDS

IF NECESSARY, ARE YOU AVAILABLE TO WORK OVERTIME?  YES  NO  OCCASIONALLY

MINIMUM ANNUAL SALARY REQUESTED: \$ \_\_\_\_\_ DATE AVAILABLE TO BEGIN: \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE U.S.?  YES  NO DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO

STATE ISSUED: \_\_\_\_\_ LICENSE NUMBER, IF DRIVING REQUIRED FOR POSITION: \_\_\_\_\_

IF YOU ARE A CDL HOLDER: CLASS \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NO CONTEST TO A CRIME? THIS DOES NOT INCLUDE MINOR TRAFFIC VIOLATIONS.  YES  NO

*\*CONVICTION DOES NOT EQUATE TO DISQUALIFICATION FOR EMPLOYMENT. EACH INSTANCE WILL BE TAKEN INTO CONSIDERATION IN REGARDS TO THE JOB WHICH YOU ARE APPLYING FOR.*

HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY? \_\_\_\_\_

## EDUCATION

NAME OF HIGH SCHOOL ATTENDED: \_\_\_\_\_

DID YOU GRADUATE?       YES       NO       DIPLOMA       GED

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: \_\_\_\_\_

DID YOU GRADUATE?       YES       NO

DEGREE OR CERTIFICATION ACHIEVED: \_\_\_\_\_

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: \_\_\_\_\_

DID YOU GRADUATE?       YES       NO

DEGREE OR CERTIFICATION ACHIEVED: \_\_\_\_\_

VOCATIONAL OR OTHER TRAINING: \_\_\_\_\_

TYPE OF COURSE: \_\_\_\_\_ CERTIFICATION: \_\_\_\_\_

## OTHER SPECIAL SKILLS OR TRAININGS

PLEASE LIST ANY ADDITIONAL SKILLS OR QUALIFICATIONS THAT YOU'D LIKE TO SHARE WITH US:

## COMPUTER SKILLS

CHECK THE CORRESPONDING BOX BELOW THAT BEST RATES YOUR SKILL LEVEL FOR EACH PROGRAM:

	BEGINNER	INTERMEDIATE	ADVANCED	N/A
EXCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWERPOINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLISHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: \_\_\_\_\_

## EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE BELOW, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	PHONE: _____
SUPERVISOR: _____	DATES: _____
REASON FOR LEAVING: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
STARTING PAY: _____	ENDING PAY: _____

## REFERENCES

PLEASE LIST AT LEAST THREE (3) PEOPLE WHO ARE NOT RELATED TO YOU NOR FORMER EMPLOYERS

NAME: _____	PHONE: _____
HOW DO YOU KNOW THEM? _____	
YEARS ACQUAINTED: _____	THEIR JOB TITLE/POSITION: _____

NAME: _____	PHONE: _____
HOW DO YOU KNOW THEM? _____	
YEARS ACQUAINTED: _____	THEIR JOB TITLE/POSITION: _____

NAME: _____	PHONE: _____
HOW DO YOU KNOW THEM? _____	
YEARS ACQUAINTED: _____	THEIR JOB TITLE/POSITION: _____

NAME: _____	PHONE: _____
HOW DO YOU KNOW THEM? _____	
YEARS ACQUAINTED: _____	THEIR JOB TITLE/POSITION: _____

NAME: _____	PHONE: _____
HOW DO YOU KNOW THEM? _____	
YEARS ACQUAINTED: _____	THEIR JOB TITLE/POSITION: _____

NAME: _____	PHONE: _____
HOW DO YOU KNOW THEM? _____	
YEARS ACQUAINTED: _____	THEIR JOB TITLE/POSITION: _____



## APPLICANT'S OATH

I \_\_\_\_\_, DO HEREBY CERTIFY THAT  
PRINT NAME

THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT, AND SUBMITTED IN GOOD FAITH. I UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS OR MISREPRESENTATIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, AND IF I AM HIRED, MAY RESULT IN TERMINATION. I ALSO UNDERSTAND THAT THIS INFORMATION IS SUBJECT TO FURTHER EXPLORATION AND VERIFICATION. I CONSENT FOR MY PERSONAL INFORMATION TO BE RELEASED UNTO DESOTO COUNTY BY PREVIOUS EMPLOYERS, LAW ENFORCEMENT AGENCIES, SCHOOLS, AND ANY OTHER REPRESENTATIVE ENGAGED FOR THE PURPOSE OF ESTABLISHING EMPLOYMENT WITH THE DESOTO COUNTY BOARD OF SUPERVISORS.

MY APPLICATION FOR EMPLOYMENT WILL BE CONSIDERED ACTIVE FOR A PERIOD OF 90 DAYS. AFTER SAID TIME HAS PASSED, MY APPLICATION WILL BE NULL AND VOID AND A NEW APPLICATION WILL BE REQUIRED FOR FURTHER CONSIDERATION, ACCORDING TO SECTION 2.100 OF THE DESOTO COUNTY PERSONNEL MANUAL.

I HEREBY UNDERSTAND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP I MAY OBTAIN WITH THE DESOTO COUNTY BOARD OF SUPERVISORS IS "AT WILL," MEANING I MAY RESIGN AT ANY GIVEN TIME AND THE EMPLOYER MAY TERMINATE MY EMPLOYMENT, ALSO AT ANY GIVEN TIME. THIS AGREEMENT MAY NOT BE CHANGED OR ENTERED INTO CONTRACT AT ANY TIME, UNLESS IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

BY SIGNING THIS DOCUMENT, I CONSENT TO A DRUG AND ALCOHOL SCREENING AS WELL AS A BACKGROUND INVESTIGATION. I UNDERSTAND THAT I WILL ADHERE TO THE POLICIES AND REGULATIONS OF MY EMPLOYER.

SIGNATURE: \_\_\_\_\_

DATE : \_\_\_\_\_



## **FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION**

### **DISCLOSURE**

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

### **AUTHORIZATION**

By your signature below, you hereby authorize us to obtain a consumer report from a consumer reporting agency, or other permissible source and/or an investigative report about you and to consider this information when making decisions regarding my employment. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

Road Department  
2373 Gwynn Rd.  
Nesbit, MS 38651



Phone 662.469.8025  
Fax 662.469.8025  
May Apply In Person

IF YOU ARE APPLYING FOR A POSITION WITH OUR ROAD DEPARTMENT, YOU ARE REQUIRED TO COMPLETE THIS SKILLS QUESTIONNAIRE. IF YOU ARE APPLYING FOR ANY OTHER POSITION, THIS FORM IS NOT REQUIRED.

**!!!! THIS PAGE FOR ROAD DEPARTMENT APPLICANTS ONLY !!!!**

I UNDERSTAND THAT FALSIFICATION OF INFORMATION MAY RESULT IN DISQUALIFICATION OR TERMINATION. USE THE BOXES BELOW TO INDICATE APPLICABLE SKILLS & RELEVANT YEARS OF EXPERIENCE FOR EACH.

SUPERVISORY EXPERIENCE & YEARS	EQUIPMENT OPERATION EXPERIENCE & YEARS
<input type="checkbox"/> FOREMAN ( ) YEARS	<input type="checkbox"/> 4 WHEEL DRIVE LOADER ( ) YEARS
<input type="checkbox"/> CREW LEAD ( ) YEARS	<input type="checkbox"/> ASPHALT DISTRIBUTOR ( ) YEARS
<input type="checkbox"/> MANAGER ( ) YEARS	<input type="checkbox"/> ASPHALT ROLLER ( ) YEARS
<b>TECHNICAL EXPERIENCE &amp; YEARS</b>	
<input type="checkbox"/> INSPECTOR ( ) YEARS	<input type="checkbox"/> ASPHALT SPREADER ( ) YEARS
<input type="checkbox"/> MECHANIC ( ) YEARS	<input type="checkbox"/> BACKHOE/LOADER ( ) YEARS
<input type="checkbox"/> CARPENTER ( ) YEARS	<input type="checkbox"/> CHAINSAW ( ) YEARS
<input type="checkbox"/> CONCRETE ( ) YEARS	<input type="checkbox"/> CHIP SPREADER ( ) YEARS
<input type="checkbox"/> WELDER ( ) YEARS	<input type="checkbox"/> CONCRETE SAW ( ) YEARS
<b>OFFICE/CLERICAL EXPERIENCE &amp; YEARS</b>	
<input type="checkbox"/> BOOKKEEPER ( ) YEARS	<input type="checkbox"/> DOZER ( ) YEARS
<input type="checkbox"/> ASSISTANT ( ) YEARS	<input type="checkbox"/> DUMP TRAILER ( ) YEARS
<input type="checkbox"/> SECRETARY ( ) YEARS	<input type="checkbox"/> LOWBOY ( ) YEARS
<b>MISC./OTHER EXPERIENCE</b>	
<input type="checkbox"/> LUBE/SERVICE TRUCK ( ) YEARS	<input type="checkbox"/> MOTOR GRADER ( ) YEARS
<input type="checkbox"/> PATCH ROLLER ( ) YEARS	<input type="checkbox"/> POWER BROOM ( ) YEARS
<input type="checkbox"/> SINGLE AXLE DUMP ( ) YEARS	<input type="checkbox"/> ROADSIDE SPRAYER ( ) YEARS
<input type="checkbox"/> TANDEM DUMP ( ) YEARS	<input type="checkbox"/> SHEEP'S FOOT ROLLER ( ) YEARS
<input type="checkbox"/> TRACK LOADER ( ) YEARS	<input type="checkbox"/> TRACKHOE ( ) YEARS
<input type="checkbox"/> TRACKHOE ( ) YEARS	<input type="checkbox"/> TRACTOR - BOOM MOWER ( ) YEARS
<input type="checkbox"/> TRACTOR - BOOM MOWER ( ) YEARS	<input type="checkbox"/> TRACTOR - DIRT PAN ( ) YEARS
<input type="checkbox"/> TRACTOR - DIRT PAN ( ) YEARS	<input type="checkbox"/> TRACTOR - ROAD MOWER ( ) YEARS
<input type="checkbox"/> TRACTOR - ROAD MOWER ( ) YEARS	<input type="checkbox"/> WIDENING MACHINE ( ) YEARS
<input type="checkbox"/> WIDENING MACHINE ( ) YEARS	