

APPLICATION FOR EMPLOYMENT

TOWN OF TERRY, MS

Name _____
Last First MI

List all other names you have used including nicknames and maiden name of female applicants.

Have you ever legally changed your name?

() No

() Yes _____
Date Place

Height _____ Weight _____ Date of Birth _____

Place of Birth _____

Social Security No. _____

Are you a licensed automobile operator? () Yes () No

Marital Status () Single () Married () Divorced () Widowed

Present Address and Telephone Number

Street City State Telephone

List chronologically all previous addresses for the past 10 years.

Dates

From To Street Address City State

Have you ever been dismissed or asked to resign from employment?

() No

() Yes _____
Employer's Name Date

Reason: _____

Court Record

Have you ever been arrested or charged with any violation, including traffic citations?

() No () Yes

Date Place Charge Final Disposition

Have you ever been a defendant in a court action? () No () Yes

If Yes, explain.

Describe any physical defects or disabilities you have, including extent of defective vision, if any, with or without glasses.

Have you had any serious illnesses or operations? () No () Yes

Were you hospitalized? () No () Yes

Date _____ Hospital _____ Location _____

Describe and give date(s).

How many days have you lost from work or school in the past eight (8) years due to illness? _____

Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career?

() No

() Yes _____
School Date Type of Action

Relatives

Occupation, Name & Address of Place
of Employment

Father

Name _____

Address _____

Age _____

Mother

Name _____

Address _____

Age _____

Spouse

Name _____

Address _____

Age _____

Child (1)

Name _____

Address _____

Age _____

Child (2)

Name _____

Address _____

Age _____

Child (3)

Name _____

Address _____

Age _____

Brother/Sister (1)

Name _____

Address _____ Age _____

Brother/Sister (2)

Name _____

Address _____ Age _____

Brother/Sister (3)

Name _____

Address _____ Age _____

References

List three (3) references (not relatives) who are responsible adults who may be contacted.

Name _____ Address _____

Occupation _____ Telephone _____

Name _____ Address _____

Occupation _____ Telephone _____

Name _____ Address _____

Occupation _____ Telephone _____

I hereby certify that all statements on this application are true and correct to the best of my ability. The Town of Terry has my permission to conduct a background investigation on me.

Date _____ Signature _____