



# JACKSON COUNTY UTILITY AUTHORITY

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date of Application: \_\_\_\_\_

NAME \_\_\_\_\_  
Last First MI

Current Address: \_\_\_\_\_  
Street City State Zip

Home/Cellular Phone Number(s): \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Last four digits of Social Security No.: \_\_\_\_\_ Date of Birth (only if under 18 years of age): \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

(Note: Conviction will not customarily exclude you from consideration.)

Citizen of USA\*: Yes \_\_\_\_\_ No \_\_\_\_\_

\*If no, give registration number or Visa number which allows employment in USA \_\_\_\_\_

Do you have a relative that is currently employed with Jackson County Utility Authority or serves as a member of the Board of Directors: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list name and relationship: \_\_\_\_\_

How did you hear about the position you are applying for? \_\_\_\_\_

### EMPLOYMENT REQUESTED

Position Desired \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Salary Desired \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we inquire of your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

May we inquire of your past employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT RECORD

List your previous employment, beginning with the most recent. (Use back of page if more room is needed.)

Attach résumé if available.

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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AN EQUAL OPPORTUNITY EMPLOYER AND UTILITY PROVIDER

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Wage: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

<b>EDUCATION</b>	Name and Location of School	Number of Years Attended	Did You Graduate? (Y / N)	Subjects Studied
High School				
College, Trade, Business, or Technical School				

Other fields of work or hobbies you are interested in \_\_\_\_\_

Professional Memberships \_\_\_\_\_

Certifications \_\_\_\_\_

List skills you possess that you think would be beneficial to the position desired \_\_\_\_\_

**MILITARY RECORD**

Dates of Service	Branch	Rank at Discharge	Type of Discharge*
From:			
To:			
From:			
To:			

Are you currently a member of a reserve group? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Branch \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_

\*A Dishonorable Discharge does not customarily exclude you from consideration

**PERSONAL REFERENCES** Give the names of three persons we can use as reference checks other than former employers or relatives, whom you have known at least one year, preferably people familiar with your work.

Name & Connection to you	Home Address & Telephone	Name of Business, Address & Telephone	Years Acquainted
1.			
2.			
3.			

I understand and agree that any written or oral material misrepresentation or deliberate omission of a fact in my application may be justification for being denied employment with the Jackson County Utility Authority, or if employed, termination of my employment.

The Jackson County Utility Authority is an equal opportunity employer. I understand that it is the policy of the Jackson County Utility Authority to afford equal opportunity for employment to all individuals regardless of race, color, creed, religion, ancestry, national origin, sex, marital status, age, genetic information, veteran status, physical or mental disability or any other similarly protected status.

I understand the Jackson County Utility Authority maintains a drug- and alcohol-free workplace.

The Jackson County Utility Authority is hereby authorized to check on the correctness of statements made herein, except as otherwise noted. I hereby grant permission, except as otherwise noted, to my present and former employers and listed personal references to discuss the conditions of my employment and work record with the Jackson County Utility Authority.

I understand that all Jackson County Utility Authority employees are required to maintain a residence which allows them a reasonable response time for any given event within the service area. I also understand that employees must continue to comply with the Authority's residency requirements for the duration of employment.

I understand that if I am employed with the Jackson County Utility Authority, the first ninety (90) days of my employment is an orientation period. I also understand that if I am employed with the Jackson County Utility Authority, such employment is for an indefinite period of time, and the Jackson County Utility Authority can change wages, benefits, and conditions at any time.

I further understand that this is an application for employment and that no employment or employment contract is being offered.

I understand that if I should receive a job offer by the Jackson County Utility Authority, such employment is conditional upon satisfactory results of a drug/alcohol test; a physical exam relating to the specific job requirements; insurable by the Authority's automobile insurance company; residency compliance; satisfactory references and background check; and any other conditions applicable to the specific position.

If this Application for Employment should result in employment, it is expressly understood that the employment of all employees of the Jackson County Utility Authority is terminable at the will of the Authority, with or without cause, for any reason, limited only by applicable law.

I have read and understand the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_