



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: _____

EDUCATION	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: _____

