

YAZOO-MISSISSIPPI DELTA LEVEE BOARD
140 DELTA AVENUE
P.O. DRAWER 610
CLARKSDALE, MS 38614
666-624-4397 or fax 662-624-2450

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap or veteran status.

Position(s) Applied for _____ Date of Application ____/____/____

Employment Desired Full-time Part-time Summer Specify days and hours if part-time _____

Are you a U.S. Citizen?.....Yes No Are you legally eligible for employment in the United States?.....Yes No

Do you have a valid driver's license? What type _____.....Yes No

PERSONAL:

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ Other _____ Social Security # _____

Have you ever applied for a position here?.....Yes No Has this company ever employed you? If yes, when?... Yes No

If your application is considered favorably, on what date will you be available for work? ____/____/____

Have you ever been bonded?.....Yes No

If yes, with what employers? _____

Have you ever been convicted of a crime?.....Yes No

If yes, please explain _____

MILITARY:

Did you serve in the U.S. Armed Forces?.....Yes No If yes, in what Branch? _____

EDUCATION:

Circle last year completed: Elementary 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Describe other education or training _____

EMPLOYMENT HISTORY:

List below all present and past employment, beginning with your most recent.

Company	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Description of Work	Reason for Leaving
If this is your present employer, please circle contact do not contact	

Company	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
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REFERENCES:

PLEASE LIST THREE (3) REFERENCES OTHER THAN FAMILY MEMBERS

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make an investigation of my personal history. This investigation may entail a current employee of the Levee Board interviewing, either personally or on the telephone, any of my neighbors, friends, prior employers, references, or others with whom I am acquainted. The inquiry, if made, may include information as to my character, general reputation, personal characteristics, work history and mode of living. I hereby agree to save, and hold harmless the Levee Board, its employees, officers, and Board of Commissioners from any and all claims which may occur as a result of any Levee Board’s action, or inaction, on this application based upon the information received by it.

SIGNATURE OF APPLICANT

DATE