



## City of Holly Springs EMPLOYMENT APPLICATION

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living.

**This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

### PERSONAL AND BACKGROUND INFORMATION

Name (Last, First, MI)			
Street Address		Telephone (day) (    )	
City	State	Zip	Telephone (evening) (    )

Position Applying for	Salary Desired
Are you available to work weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available to work evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you referred to the City of Holly Springs?	Have you worked for the City of Holly Springs before? If so, when? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives working for the City of Holly Springs? If so, please list, with relationships.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If you are under 18</u> , please indicate age and date of birth. Age: _____      Date of Birth: _____
If Yes, please attach additional page with explanation, including dates charged, penalty assessed or disposition. Applicant is not required to disclose any erased records, charges or convictions. <i>(Conviction is not necessarily a disqualification for employment.)</i>	<u>If you are under 18</u> , do you have working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No

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## EDUCATION AND TRAINING

Did you graduate from high school or have you passed a G.E.D. Test? Yes  No

Circle the last grade completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

*If a college degree is a requirement for this position, you must provide the City with a certified transcript within 90 days of hire.*

LEVEL	SCHOOL	CITY	STATE	NO. OF YEARS	DEGREE EARNED or NUMBER CREDITS	GPA
High School						
Technical						
College						
College						
Graduate						
Other						

Please list all Specialized Certificates or Degrees you have earned (i.e., LCSW, CPA, GED, etc.)			
Degree / Certificate	Subject	School	City & State
Optional: Do you speak, read, or write a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Language:			Speak
Language:			Read
Language:			Write

## SPECIAL JOB QUALIFICATIONS

If you are applying for a job which will entail transporting clients and/or driving an agency vehicle, please answer the following:

Do you have a Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License Number:
Do you have a Public Service License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License Number:
Do you have a Commercial License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License Number:

If you are applying for a clerical position, please indicate your skill level in the following areas:

Computer (specify type)	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Software (please list according to type)	
Word Processing: _____	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Word Processing: _____	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Spreadsheet: _____	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Spreadsheet: _____	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Database: _____	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Copier	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Switchboard (specify kind: _____)	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Stenography / Speedwriting (WPM: _____)	<input type="checkbox"/> None <input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Other (specify): _____	<input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert
Other (specify): _____	<input type="checkbox"/> Familiar <input type="checkbox"/> Comfotable <input type="checkbox"/> Expert

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## EMPLOYMENT HISTORY

List all employment in order, beginning with current or most recent. Include military experience if applicable. Do not reference resume. Attach additional pages if necessary

Employer	Dates of Employment (month, year) From:                      To:	Salary / Wage Start:                      End:
Mailing Address	Position	Type of Organization
City                                      State	Duties	
Telephone Number (     )		
Supervisor's Name May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	

Employer	Dates of Employment (month, year) From:                      To:	Salary / Wage Start:                      End:
Mailing Address	Position	Type of Organization
City                                      State	Duties	
Telephone Number (     )		
Supervisor's Name	Reason for Leaving	

Employer	Dates of Employment (month, year) From:                      To:	Salary / Wage Start:                      End:
Mailing Address	Position	Type of Organization
City                                      State	Duties	
Telephone Number (     )		
Supervisor's Name	Reason for Leaving	

## REFERENCES

Please list at least two additional employment references and two personal references that you give permission for us to contact. These people should not be related to you. Please note that if you are offered employment, you will be required to provide three written letters of reference.

Name	Address	Telephone Number	How Long Known?	How Associated?
Employment:		(     )		
Employment:		(     )		
Employment:		(     )		
Personal:		(     )		
Personal:		(     )		
Personal:		(     )		

# CITY OF HOLLY SPRINGS EMPLOYMENT APPLICATION

## EMPLOYMENT APPLICATION DISCLAIMER and RELEASE OF INFORMATION AUTHORIZATION

(Please Read Carefully Before Signing)

I certify that all statements given on this application and all other information provided are true and accurate, and I understand that falsification, omission, or misrepresentation in this or any other personnel record can result in my termination, if hired. I authorize verification of all statements contained in this application (and the accompanying resume, if any). I authorize the City of Holly Springs to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I authorize any person, school, current or previous employer, and organizations including state, local, or federal law enforcement authorities to provide the City of Holly Springs with relevant information regarding my work history and personal background, and I release the City of Holly Springs, and all other such persons and organizations from any legal liability in connection with the request for and release of such information.

I understand that the City of Holly Springs may seek additional information concerning my credit, character, and general reputation by obtaining an investigative consumer report pursuant to the Fair Credit Reporting Act. I understand that the City of Holly Springs will inform me in writing when such a report is requested, and that I have a right to request that the reporting agency provide me with the details of the report.

I understand that due to the nature of services provided by the City of Holly Springs, every precaution is taken to ensure that finalist candidates pose no potential risk to agency clients and employees. I authorize the City of Holly Springs to conduct any and all such background investigations as it deems necessary, including but not limited to, an investigation of police records and a protective services background check. I further understand that the City of Holly Springs is a drug-free workplace, and if I am a finalist candidate for a position, I agree to participate in a drug screening test (at agency expense and at a location to be selected by the agency) prior to a formal offer of employment. I understand that an offer of employment is contingent upon a negative test result.

I agree that if I am offered employment by the City of Holly Springs and accept, my employment will be employment "at will" and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, at the option of either the City of Holly Springs or me. I understand that neither this application nor any other personnel form will constitute a contract for employment. I am hereby informed and I understand that no representative of the City of Holly Springs other than the Mayor and Board of Aldermen has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing and must be signed by one of these authorized individuals. If hired, I agree, as a condition of employment, to keep confidential and not disclose to anyone all information acquired during employment which is of a confidential, proprietary, or privileged nature. I hereby agree to sign and abide by any confidentiality agreement presented to me if I am offered employment with the City of Holly Springs.

I understand that the City of Holly Springs is an Equal Opportunity Employer and does not discriminate in employment. It is understood that no question on this employment application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. I also understand that it is the policy of the City of Holly Springs not to refuse to hire a qualified individual with a disability because of this person's need for any accommodation as required by the Americans with Disabilities Act.

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**Signature of Applicant**

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**Date**

# CITY OF HOLLY SPRINGS EMPLOYMENT APPLICATION

## VOLUNTARY SURVEY INFORMATION FOR AFFIRMATIVE ACTION

The City of Holly Springs is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law.

Applicants are not required to complete this form. We do invite you to voluntarily share this information with us. Your responses will enable us to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act and/or as necessitated by other state or federal law or regulation.

Please be assured that our agency appreciates your willingness to voluntarily comply with our request to complete this confidential survey. It will be kept separate from your employment application and will have no bearing on hiring decisions.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Seeking: \_\_\_\_\_

Please check one:  Female  Male

Please check one:  Hispanic or Latino  Black or African-American (not Hispanic or Latino)  White (not Hispanic or Latino)

Asian (not Hispanic or Latino)  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

Two or more Races (not Hispanic or Latino)

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### HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?

	Location of Posting / Name of Referral Source
Posting	_____
_____ Newspaper Advertisement	_____
_____ Referral	_____
_____ Job Fair / Open House	_____
_____ Walk-in	_____
_____ Other: _____	_____

## **ADDITIONAL REQUIREMENTS AND INFORMATION FOR APPLICANTS**

All applicants shall attach a copy of their High School Diploma or Equal, and a copy of a Valid Driver License.

The Holly Springs Fire Department Physical Agility Test is designed to meet the physical requirements for employment. The test is broken down into eight events that simulate the physical demands of fire ground operations.

During the test a weighted vest will be worn to simulate the additional equipment worn during firefighting operations. Stair step evolution will be 75 pounds additional and all others the weight is reduced to 50 pounds.

The eight tasks which run successively will be:

1. 3 minute 20 second Stair Climb on a Stair Step Machine
2. Hose Drag and Pull
3. Equipment Carry
4. Ladder Raise and Extension
5. Forcible Entry
6. Confined Space Search and Crawl
7. Dummy Drag
8. Ceiling Breach and Pull

The Holly Springs Physical Ability Test is Pass/Fail Timed Event. Candidate must successfully complete all described tasks.

All participants must wear appropriate clothing for the above described tasks. Long pants (no shorts), and appropriate footwear (no open toed footwear).

An orientation will be presented prior to starting the testing,

## RELEASE OF LIABILITY

KNOW ALL MEN BY THE PRESENTS:

WHEREAS, I, THE UNDERSIGNED, AM AN APPLICANT FOR EMPLOYMENT AS A FIREFIGHTER BY THE FIRE DEPARTMENT OF THE CITY OF HOLLY SPRINGS, MISSISSIPPI, AND;

WHEREAS, I HAVE READ IN ENTIRETY AND FULLY UNDERSTAND THE REQUIREMENTS OF THE PHYSICAL AGILITY TEST AND THE HAZARDS AND POSSIBILITY OF BODILY INJURY INVOLVED THEREWITH, AND;

WHEREAS, I RECOGNIZE THE NECESSITY OF PHYSICAL AGILITY TO THE PERFORMANCE OF THE DUTIES OF THE POSITION OF WHICH I HAVE APPLIED;

NOW THEREFORE, I DO HEREBY SUBMIT TO THE AFORESAID TESTING, SCHEDULED September 1, 2018 AT 8:00 AM, ENTIRELY UPON MY OWN INITIATIVE, RISK, AND RESPONSIBILITY, DO HEREBY RELEASE, ACQUIT, AND FULLY DISCHARGE THE CITY OF HOLLY SPRINGS, THE CITY OF HOLLY SPRINGS FIRE DEPARTMENT, AND CAUSES OF ACTION BASED UPON ANY INJURIES WHICH I MAY SUSTAIN AS A CONSEQUENCE, OR IN ANY WAY ARISING OUT OF, SUCH TESTING.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

## **APPLICATION PACKET CHECKLIST**

THE FOLLOWING ITEMS ARE TO BE RETURNED IN THE APPLICATION ENVELOPE TO THE OFFICE OF THE HUMAN RESOURCES DIVISION, 1180 HIGHWAY 311 NORTH, HOLLY SPRINGS, MS 38635.

1. COMPLETED APPLICATION
2. RELEASE OF LIABILITY MUST BE SIGNED AND WITNESSED
3. COPY OF YOUR VALID DRIVERS LICENSE
4. COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE

All applicants will be required to complete the CRC (Career Readiness Certificate) testing given at the WIN Job Center, Hwy 309 North, Byhalia, MS. Copies of your results are to be turned in to the Human Resources Department located at 1180 Highway 311 North, Holly Springs, MS 38635. This testing is required to be completed prior to employment.