

OFFICE USE ONLY
HIRE DATE:\_\_\_\_\_
PAY RATE:\_\_\_\_
MS or TN

## 603 Highway 32 East, Water Valley, MS 38965

## **Employee Information**

Full Name:	ull Name: Date:			
DOB: Sex:	Male	Female	Other:	
Address:			Apt/Unit #:	
City:	State:	Zip	Code:	
Phone:	Email:			
Date Available:	Social	Security No.:		
Position Applied For:			Desired Salary: \$	
Do you possess a Driver's License?	Yes N	o Driver Lic	ense No.:	
Are you a citizen of the United State	s? Yes	No		
If no, are you authorized to work in	the United Sta	tes? Yes	No	
Have you ever worked for this comp	any? Yes	s No		
If yes, when?				
Have you ever been convicted of a fe	elony? Y	es No		
If yes, please explain:				
Are you capable of handling the phy	sical demands	of the job?	Yes No	
	<u>Educatio</u>	<u>on</u>		
High School Attended:		Address	S:	
From: to Did you	ı graduate?	Yes No	Diploma:	
College Attended:	,	Address:		
From: to Did you	ı graduate?	Yes No	Degree:	
Other:		Address:		
From: to Did you	ı graduate?	Yes No	Degree:	

## <u>References</u>

Please list three (3) professional references below

Full Name:	Relationship:		
Company:	Phone:		
Address:			
Full Name:	Relationship:		
Company:	Phone:		
Address:		<del> </del>	
Full Name:	Relationship:		
Company:	Phone:		
Address:			
	Previous Employment		
Company:	Phone:		
Address:	Supervisor:		
Job Title:	Starting Salary: \$ Ending Salary: \$	<b></b>	
Responsibilities:			
From: to	o Reason for Leaving:		
May we contact you	our previous supervisor for a reference? Yes No		
Company:	Phone:		
Address:	Supervisor:		
Job Title:	Starting Salary: \$ Ending Salary: \$	<b></b>	
Responsibilities:			
	o Reason for Leaving:		
May we contact you	our previous supervisor for a reference? Yes No		

Company:	Phone:
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	
From: to Re	eason for Leaving:
May we contact your previous supervi	sor for a reference? Yes No
	Military Service
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than honorable, please explain	າ:
<u>Emerge</u>	ncy Contact Information
Name:	Relationship:
Phone Number:	
Dis	claimer & Signature
I certify that my answers are t	true and complete to the best of my knowledge.
If this application leads to employmen my application or interview may resul	t, I understand that false or misleading information in tin my release.
Signature:	Date:

## **Authorization for Release of Background Information**

By signing below, I hereby authorize the Company (<u>Mid South Communications, Inc.</u>) to procure and Verified Person (<u>Stephen Wood, MSC President</u>) to provide a consumer report and/or investigate consumer report on me for use in connection with my employment and my application for employment. I authorize all entities possessing information about me, including (but not limited to) governmental agencies and courthouses, educational institutions, present and former employers, and/or other information sources as limited by national and regional law, to release such information to Verified Person.

I understand that the information that can be released to Verified Person and its agents includes, but is not limited to, verification of Social Security number, current and previous residencies, criminal records and history, public court records, driving records, credit history and reports, bankruptcy filing, employment history, education, professional licenses and certifications, drug/alcohol testing results, and other information related to my character, general reputation, and mode of living.

I also understand that if the Company hires me, my consent will apply indefinitely, and the Company may obtain additional background reports pertaining to me from Verified Person and/or other consumer reporting agencies without asking for my consent again throughout my employment or contract period, unless I revoke or cancel my consent.

By signing below, I also certify the information I have provided on my employee application and related forms are true, complete, and accurate. I agree that this form, in its original, faxed, photocopied, or electronic (including electronically signed) form, will be valid for any consumer reports that may be requested by or on behalf of the Company.

Applicant Name (please print):				
Applicant Signature:	Date:	/	/	