



Application For Employment

Golden Triangle Campus
P.O. Box 100
Mayhew, MS 39753

East Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs & activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Jackie Stennis, Vice President for Scooba Campus, Davis Administration Building, P. O. Box 158, Scooba, MS 39358, 662-476-5000, jstennis@eastms.edu

(PLEASE PRINT)

Position Applied for:		Date of Application:	
How did you learn about us?			
<i>Advertisement</i>	<i>Friend</i>	<i>Walk-in</i>	<i>Employment Agency</i>
<i>Relative</i>	<i>Other</i>		
Last Name	First Name	Middle	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____
Telephone Number(s)		Social Security Number	
Day _____	Home _____	_____	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because Of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full-time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony within the past seven years? Yes No

If Yes, please explain: _____

(Conviction will not necessarily disqualify an applicant from employment.)

EDUCATION:

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study.				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				

Describe any honors you have received.				

State any additional information you feel may be helpful to us in considering your application.				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status:

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe: _____

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer Name:	Hourly Rate/Salary Job Title	Dates of Employment	Duties Performed:	Reason for Leaving:
Supervisor:				
Address:				
Phone Number:				
Employer Name:	Hourly Rate/Salary Job Title	Dates of Employment	Duties Performed:	Reason for Leaving:
Supervisor:				
Address:				
Phone Number:				
Employer Name:	Hourly Rate/Salary Job Title	Dates of Employment	Duties Performed:	Reason for Leaving:
Supervisor:				
Address:				
Phone Number:				
Employer Name:	Hourly Rate/Salary Job Title	Dates of Employment	Duties Performed:	Reason for Leaving:
Supervisor:				
Address:				
Phone Number:				
Employer Name:	Hourly Rate/Salary Job Title	Dates of Employment	Duties Performed:	Reason for Leaving:
Supervisor:				
Address:				
Phone Number:				

(If you need additional space, please continue on a separate sheet of paper.)

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing execute a specific document to that effect.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

Employed? Yes No

Job Title

Date of Employment

Hourly Rate/Salary

Department

By

NAME AND TITLE

DATE

NOTES
