

Applicant Name _____



APPLICATION FOR **EMPLOYMENT**

Please complete all pages of the application form. Type or print using black ink using the space provided. You may be requested to submit a **complete résumé, complete transcripts** (official transcripts required prior to actual employment) **and copies of any licenses or certificates required to meet the minimum qualifications of the position.** The filling of this application and our acceptance thereof does not indicate that there are positions open, and in no way obligates Jones County Junior College.

Applications will only be accepted for posted open positions.
Application will remain on file for 12 months. You will NOT be notified of the expiration of your application from active status.

Where to Apply:

Applications being mailed should be sent to:

**Human Resources Office
Jones County Junior College
900 South Court Street
Ellisville, Mississippi 39437**

GENERAL

NAME	SOC. SEC. NO.	DATE OF APPLICATION
PRESENT ADDRESS	AREA CODE AND PH. NO. (DAY)	
CITY/STATE/ZIP	AREA CODE AND PH. NO. (EVENING)	

HAVE YOU WORKED FOR THIS INSTITUTION?	YES	NO
IF YES, INDICATE – DATES OF EMPLOYMENT: DEPARTMENT: POSITION:		
UNITED STATES CITIZEN?	YES	NO
IF NO, INDICATE TYPE OF VISA AND ALIEN REGISTRATION NUMBER		

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED BY ANY PREVIOUS EMPLOYER?
YES NO
IF YES, PLEASE EXPLAIN

Since your 18th birthday have you been convicted (found guilty, plead guilty or no contest) to any criminal offenses including DUI? If "Yes" indicate offense and approximate date (month/year).	
YES NO	
Offense:	Date:

ARE YOU RELATED TO ANY EMPLOYEE OF JONES COUNTY JUNIOR COLLEGE?
YES NO
IF YES, GIVE NAME AND RELATIONSHIP

POSITION

TYPE OF POSITION DESIRED	MINIMUM SALARY EXPECTED \$
ARE YOU SEEKING FULL-TIME PART-TIME	DATE AVAILABLE

EDUCATION & TRAINING: (Please include complete transcript.)

HIGH SCHOOL LAST ATTENDED		DATES ATTENDED		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT
		FROM MO/YR.	TO MO/YR.	YES	NO		
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL							
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL							
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL							
OTHER							

List professional organizations, associations, honors, certifications, professional licenses and publications you consider significant. Please indicate the professional license number and state of issuance. (If you need additional space, please use the space provided.)

List academic honors, scholarships, etc., you consider significant and relevant to employment.

Other training (workshops, seminars, etc.) and avocations or hobbies that might be relative to employment.

EMPLOYMENT RECORD - List most recent employment first

EMPLOYER	START DATE MO./YEAR	STARTING SALARY	INITIAL POSITION/TITLE
STREET ADDRESS	END DATE MO./YEAR	ENDING SALARY	PRESENT/FINAL TITLE
CITY/STATE/ZIP CODE	LAST SUPERVISOR'S NAME		PHONE NUMBER
POSITION DESCRIPTION			REASON FOR LEAVING
			MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER	START DATE MO./YEAR	STARTING SALARY	INITIAL POSITION/TITLE
STREET ADDRESS	END DATE MO./YEAR	ENDING SALARY	PRESENT/FINAL TITLE
CITY/STATE/ZIP CODE	LAST SUPERVISOR'S NAME		PHONE NUMBER
POSITION DESCRIPTION			REASON FOR LEAVING
			MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER	START DATE MO./YEAR	STARTING SALARY N/A	INITIAL POSITION/TITLE
STREET ADDRESS	END DATE MO./YEAR	ENDING SALARY N/A	PRESENT/FINAL TITLE
CITY/STATE/ZIP CODE	LAST SUPERVISOR'S NAME		PHONE NUMBER
POSITION DESCRIPTION			REASON FOR LEAVING
			MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER	START DATE MO./YEAR	STARTING SALARY N/A	INITIAL POSITION/TITLE
STREET ADDRESS	END DATE MO./YEAR	ENDING SALARY N/A	PRESENT/FINAL TITLE
CITY/STATE/ZIP CODE	LAST SUPERVISOR'S NAME		PHONE NUMBER N/A
POSITION DESCRIPTION			REASON FOR LEAVING
			MAY WE CONTACT THIS EMPLOYER? YES NO

References: List three (3) persons other than relatives or previous employers who have knowledge of your work experience or education.

Name	Mailing Address	Phone

Qualified applicants will be subject to an intensive selection process and screening program which may include but not be limited to evaluation of education/training and experience, interview, test of computer usage skills, employment record verification, criminal background investigation, review of credit history and drug screen.

I have read and consent to all elements of the above process.

Signature _____ Date _____

Jones County Junior College does not discriminate on the basis of race, color, national origin, age, sex, or disability in its programs, activities, or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: (ADA/ Section 504) Pam Brownlee, ADA Coordinator, Jones County Junior College, 900 South Court Street, Ellisville, MS 39437, 601-477-4122; (Title IX) Gwen Magee, Title IX Coordinator, Jones County Junior College, 900 South Court Street, Ellisville, MS 39437, 601-477-4028.

For Human Resources Use Only

Name: _____

Date: _____

Position: _____

Hired By: _____

Salary/Hourly Rate: _____

Starting Date: _____

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION

INFORMATION RELEASE AUTHORIZATION

I hereby authorize the release to Jones County Junior College or its representative of any and all employment and/or personal information about me that is maintained by your institution, agency, company, or school. This release pertains to records with regard to my employment history, disciplinary actions, educational records of achievement from schools have attended, criminal conviction, credit history, and medical information maintained in your files.

I further request that copies of such records be forwarded to the Human Resources Office or its representative who is conducting the inquiry into my qualifications and fitness for appointment. I acknowledge by this authorization that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files and the observations or opinions contained therein. I realize responses will be confidential, and I will not be permitted to view or to be informed about any aspect of those responses.

I certify that I have read and fully understand the foregoing statements. Thank you for your prompt attention to this request.

Signature

Date of Birth

Name (please print)

Former Name(s)

Street Address

City, State & Zip

SS Number and Driver License Number