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 remain on file: 12 months**.** You will NOT be notified of the expiration of your application from active status. You MUST notify the Human Resources Office (in writing) of your desire for your application to remain on 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.)

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

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	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

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) Katie Murphy, ADA Coordinator, Jones County Junior College, 900 South Court Street, Ellisville, MS 39437, 601-477-4028; (Title IX) John M. Carter, Title IX Coordinator, Jones County Junior College, 900 South Court Street, Ellisville, MS 39437, 601-477-4161.

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
Social Security Number	