



FACULTY AND ADMINISTRATION EMPLOYMENT APPLICATION

• The filing of an application and acceptance thereof by the institution do not indicate that there are positions open and in no way obligates Southwest Mississippi Community College.

Applications for advertised positions must be received by the closing date stated on the Job Announcement. Applications may be emailed, hand delivered, mailed, or faxed to (601) 276-3850. All material should be directed to Human Resources Administrator, hr@smcc.edu, 1156 College Drive, Summit, MS 39666.

Position for which you are applying: _____ Date Available to Start Work: _____ Part-time Full-time

Last Name: _____ First Name: _____ MI: _____

Street /mailing address: _____ City: _____ State: _____ Zip: _____

Email address (optional) _____ Phone: _____ Other Phone: _____

Valid Driver's License Number: _____ State: _____ Social Security Number: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Will you now, or in the future, require visa sponsorship for employment at Southwest MS Community College? Yes No

If extended a job offer, are you willing to submit to both a detailed background check and a drug screen? Yes No

Are you a PERS covered employee? Yes No If yes, what tier are you? _____

Have you ever been convicted of a felony? Yes No If so, explain? _____

APPLICATION ACKNOWLEDGEMENT

I hereby authorize Southwest Mississippi Community College to investigate my background, references, employment record and other matters related to my suitability for employment. This may include a criminal background check, credit check and a check on my driving record. I also authorize my former employers or any third party to disclose to Southwest Mississippi Community College all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release Southwest Mississippi Community College, former employers, and all references listed from any and all claims, demands or liability arising out of or related to such investigation or disclosure.

- I understand that employment into a driving position is dependent upon a safe driving record.
- I understand that falsification or omission of facts is sufficient cause of dismissal if an applicant is hired, regardless of the date of discovery.
- My signature below asserts that all information given in this application is true, and acknowledges understanding and agreement with all material and conditions as stated.

Applicant Signature

Date

EDUCATION: CHECK HIGHEST GRADE COMPLETED

High School: 9 10 11 12 H.S. Graduate? Yes No GED? Yes No

College or University Name and Location	Credit Hours		Major	Degree, if completed
	Sem	Qtr		

Summary of Courses Taught: Please list all of the courses you have taught in the discipline for which you are applying.

Dates Taught: From/To	Course Title

List Current Licenses/Professional Registrations/Certifications	State	Expiration Date

Professional Memberships (Do not include those that indicate race, color, origin, sex, age or religious beliefs.)

COMPUTER SKILLS: List the computer software programs and hardware with which you are proficient.

SOFTWARE	HARDWARE

Other Training: Name and address of school(s)	Course of Study	Diploma/Certificate

EMPLOYMENT HISTORY: List your employment history (including military experience) beginning with your current or last position within the last ten years. A resume and cover letter are highly recommended but will not be accepted in lieu of a completed application form. If you had more than one position with the same employer, list each separately. Attach additional sheets for continuation if necessary, following the same format. Failure to provide this information may result in your application not receiving proper consideration.

Employer:		Employment Dates	From:
			To:
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Salary:	Per Week	Per Month	
Description of Work:			
Reason for Leaving		May we contact this employer? Yes No	
Employer:		Employment Dates	From:
			To:
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Salary:	Per Week	Per Month	
Description of Work:			
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Employment Dates	From:
			To:
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Salary:	Per Week	Per Month	
Description of Work:			
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Employment Dates	From:
			To:
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Salary:	Per Week	Per Month	
Description of Work:			
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

