



### STAFF 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

Have you ever worked for Southwest Mississippi Community College? Yes No If so, when?

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

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

#### 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: Circle highest grade completed: High School 9 10 11 12 H.S. Graduate Yes No GED? Yes No

College or University Name and Location (Please provide copies of transcript(s))	Credit Hours	Major	Degree, if completed

**SKILLS AND QUALIFICATIONS:** (Licenses, Skills, Training, and Awards)

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**REFERENCES:** Please list the names and telephone numbers of three references (co-workers, customers, and/or supervisors). At least two references should be other than current or former employees of Southwest.

<u>Name</u>	<u>Relationship</u>	<u>Telephone Number</u>

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorized the verification of any or all information listed above.

Employment at Southwest Mississippi Community College is "at will" and terminable "at will" by the College or employee with or without cause. Any oral or written statements or promises to the contrary, other than contracts issued by the Board of Trustees of Southwest Mississippi Community College, are not binding upon the College. Should any such statements be made suggesting that employment at this College is other than "at will", the employee should contact the Department of Human Resources for confirmation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ CAREFULLY**

*Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, 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: Mrs. Rhonda Gibson, Director of Disability Support Services, 601-276-3885; Mr. Blake Brewer, Vice-President for Student Affairs and Title IX Coordinator, 601-276-3717; SMCC, 1156 College Drive, Summit, MS 39666.*

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? <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	
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	

