



Date: _____
 IHL Executive Office
 Office of Human Resources
 3825 Ridgewood Road
 Jackson, MS 39211

**Mississippi Board of Trustees of State Institutions of Higher Learning (IHL)
 IHL Executive Office
 APPLICATION FOR EMPLOYMENT**

INSTRUCTIONS: Please answer all questions, where applicable, completely and truthfully to the best of your knowledge and belief. Type or print in ink as carefully as possible. Omit any information that includes race, age, ethnic origin, religious or political affiliation.

PERSONAL INFORMATION							
Date	Position Applied For:					For HRD Use Only Job #	
Last Name	First	Middle/Maiden			Email Address:		
Present Address: Street No.	City	State	Zip		Telephone (daytime):		
Working conditions you will accept: (check all that apply)	<input type="checkbox"/> Full-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part-Time	When can you begin work?		Home:	
EDUCATION							
	School/Institution	City	State	Dates Attended	Did you Graduate/Complete	List Type of Certificate, Courses or Major Diploma, Degree	Courses or Major
High School or GED				TO			
Vocational/Technical School				TO			
Community College				TO			
Undergraduate School				TO			
Graduate School				TO			
Other							
List of scholastic honors, membership in professional societies, etc.							
OTHER REQUIRED INFORMATION							
If you are offered employment, can you submit proof of your legal right to work in the United States within three (3) days of your hire? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you currently enrolled as a student of a university? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
Have you been previously employed by the IHL Executive Office? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give department & dates):							
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain. (A record of conviction will not necessarily bar you from employment.)							
Mississippi law prohibits any individual from being employed in a department or unit under the supervision of a relative who has or may have direct effect on the individuals progress, performance or welfare. If you have any relative(s) employed at IHL, give their name(s), relationship, and department where employed.							
Active Military Service: Service and Branch:				Date Entered:		Date Separated:	
If you are applying for a position which requires you to drive, please complete this section.							
Type of License		Classification:			Endorsements:		
<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Class "A"	<input type="checkbox"/> Class "B"	<input type="checkbox"/> "H" Hazardous Materials			
<input type="checkbox"/> Operator Driver's License Number:		<input type="checkbox"/> Class "C"	<input type="checkbox"/> Class "D"	<input type="checkbox"/> "P" Passenger Vehicles			
<input type="checkbox"/> Commercial State:		Has you license ever been restricted, revoked, or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain.					
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No				HR Dept. use only:		WPM	Errors
List equipment you can operate (copier, lawnmower, etc.)							
List computer systems/software with which you are experienced (Word, Excel, etc.):							
List other job-related skills you have (shorthand, dictation, etc.):							

IHL Executive Office is an Equal Opportunity Employer

EMPLOYMENT RECORD		Start with your present or last position and work back. If you were ever employed in any position under a different name, provide name used in each position.	
Name of Organization	From (Month/Year)	To (Month/Year)	Monthly Salary
Street Address	Starting Salary \$		
City and State	Telephone	Ending Salary \$	
Name and Title of Immediate Supervisor	Title		
Reason for Leaving	Job Duties		
Name of Organization	From (Month/Year)	To (Month/Year)	Monthly Salary
Street Address	Starting Salary \$		
City and State	Telephone	Ending Salary \$	
Name and Title of Immediate Supervisor	Title		
Reason for Leaving	Job Duties		
Name of Organization	From (Month/Year)	To (Month/Year)	Monthly Salary
Street Address	Starting Salary \$		
City and State	Telephone	Ending Salary \$	
Name and Title of Immediate Supervisor	Title		
Reason for Leaving	Job Duties		

List three persons other than relatives or personal friends who have knowledge of your work experience and/or education.

REFERENCES		
Name	Mailing Address	Phone

I certify that all statements made by me on this application and/or attached resumé are true and correct to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

Office, I will comply with all rules and regulations as set forth in any communication distributed to employees. If employed, I understand it is my responsibility to read the employee handbook to learn of these policies and regulations.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with the IHL Executive

I further understand and agree that if employed it would be for no definite period of time and may, regardless of the date of payment of wages or salary be terminated for any reason and at any time without previous notice. I agree to abide by the policies of the IHL Executive Office.

Date _____ Signature _____