

INSTRUCTIONS

To apply for any open position, submit this official Application for Employment form along with a current resume and any additional documents noted in the online position description.

The Mississippi Institutions of Higher Learning (IHL) will always accept applications without a position being open. If you choose to send a resume, please also complete the Application for Employment form.

IHL participates in the E-Verify Employment Verification Program, and all offers of employment are contingent upon completion of a satisfactory criminal background check.

Please send all documents by mail or email to the following below.

Mail to:

Attn: Human Resources
Institutions of Higher Learning
3825 Ridgewood Road
Jackson, MS 39211

Email to:

hr@mississippi.edu



APPLICATION FOR EMPLOYMENT

CONTACT INFORMATION

Position Applied For:	Working conditions you will accept. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		How soon can you begin?
Last Name	First	Middle Initial	Maiden Name
Mailing Address			Work Phone No.
Email			Home or Cell Phone No.

EDUCATION

Name of School	Location of School (City, State)	Diploma/Major/Course of Study	Degree/Certificate Awarded

OTHER REQUIRED INFORMATION

Are you legally eligible for employment in the United States? Yes No

(Proof of identity and legal authority to work in the U.S. is a condition of employment)

Have you ever been convicted of a felony which has not been annulled or sealed by court? Yes No

If yes, explain below.

EMPLOYMENT HISTORY - *Begin with your most recent job.*

Job Title	Start Date	End Date	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Name of Employer		Name of Supervisor		
Address	City	State	Zip	
Phone No.	Reason for Leaving			
Duties Performed				

Job Title	Start Date	End Date	Salary	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly
			_____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
Name of Employer			Name of Supervisor		
Address	City	State	Zip		
Phone No.	Reason for Leaving				
Duties Performed:					

Job Title	Start Date	End Date	Salary	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly
			_____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
Name of Employer			Name of Supervisor		
Address	City	State	Zip		
Phone No.	Reason for Leaving				
Duties Performed:					

PERSONAL REFERENCES *List three persons other than relatives that we may contact.*

1) Name	Phone No.	Relationship
Email Address		
2) Name	Phone No.	Relationship
Email Address		
3) Name	Phone No.	Relationship
Email Address		

By submitting this application, I certify that all my statements made by me on this application and/or attached resume are true and correct to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably. I authorize my previous employers, schools, and references to give any information regarding employment or my educational record. I agree that this agency 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. I understand that all job offers may be withdrawn if the result of any background check is not considered satisfactory by IHL.

For HR Office Use Only	
Job #	Date Received