CONTRACT APPLICATION

Exact title of job applying for (one title only):

Title: _____

Social Security Number	Last Name	First	Middle	Maiden
Mailing Address				
City	County Code	State Zip	Home Phone	Other Phone

To meet the requirements of federal regulations, we need to collect information on the questions below for EEO reporting purposes only. This information will not be used for making employment decision. (Optional)

A. Race: _____ (1) American Indian
_____ (2) White
_____ (3) Hispanic
_____ (4) Black
_____ (5) Asian

B. Sex: _____ (M) Male
_____ (F) Female

C. Date of Birth _____
Month Day Year

A. If you have ever applied for or been employed in state services under a different name or social security number, please list them:

_____

B. Identify any agency for which you would not work:

_____

C. Date available for employment: _____
Month Day Year

D. How many hours are you available to work? _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma? _____

Years of Education (circle highest school year completed)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Do you have a GED certificate? _____

Date received _____

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EDUCATIONAL BACKGROUND

Name of college, university, or technical school attended	Total Credits Received		Dates Attended		Did you graduate?		Type of Degree (B.S, M.ED, ect.) & Date Received (Mo/Yr)	G P A	Field of Study				Depart. of Major
	Semester Hours	Quarter Hours	From	To	Yes	No			Major	Hours	Minor	Hours	

License, Certificate, Registration (A copy of the appropriate license or certificate must be attached if required by the job description)

Title/Type	License Number	Name of Licensing Agency	Specialization	Certification date (Orig)	Expiration Date

EXPERIENCE AND TRAINING RECORD

WORK HISTORY: List all prior work experience, including military service, beginning with your most recent employment. You may include volunteer or unpaid work as part of your history; however, you should include the number of hours per week which you performed these duties. NOTE: **Resumes are not accepted and may not be used as a substitute for completing this section.**

May your present employment supervisor be contacted ☐ YES ☐ NO

A. Starting Date Mo. Yr	B. Ending Date Mo. Yr.	Name and complete address of employer/company		
Name, title and phone number (if known) of your immediate supervisor:				
Starting Salary	Ending Salary	Hours Per week/Avg.	Exact title of your position	Number of employees you supervise:
Description of duties in detail:				

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A. Starting Date Mo. Yr	B. Ending Date Mo. Yr.	Name and complete address of employer/company
Name, title and phone number (if known) of your immediate supervisor:		

Starting Salary	Ending Salary	Hours Per week/Avg.	Exact title of your position	Number of employees you supervise:
Description of duties in detail:				

A. Starting Date Mo. Yr	B. Ending Date Mo. Yr.	Name and complete address of employer/company
Name, title and phone number (if known) of your immediate supervisor:		

Starting Salary	Ending Salary	Hours Per week/Avg.	Exact title of your position	Number of employees you supervise:
Description of duties in detail:				

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A. Starting Date Mo. Yr	B. Ending Date Mo. Yr.	Name and complete address of employer/company
Name, title and phone number (if known) of your immediate supervisor:		

Starting Salary	Ending Salary	Hours Per week/Avg.	Exact title of your position	Number of employees you supervise:
Description of duties in detail:				

Additional Information (other schools or training: special qualifications: honors and awards; etc.):

Certification: I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the State Personnel Board and release to any agency considering me for employment. I know that any misrepresentation herein my lead to rejection of my application, removal of my name from the list of eligible's, and/or dismissal from state service. I understand that as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

Date

Signature of Applicant

CONTRACT APPLICATION

EAST MISSISSIPPI STATE HOSPITAL
P.O. BOX 4128, WEST STATION, MERIDIAN, MISSISSIPPI 39304-4128

Ph. (601) 581-7600
Fax (601) 581-7882

CHARLES A. CARLISLE, DIRECTOR

APPLICANT'S AUTHORIZATION

I hereby authorize the addressed individual, company, or institution to furnish East Mississippi State Hospital with any information they may have concerning me which they have on record or otherwise, and do hereby release the addressed individual, company, or institution and all Individual connected therewith, including East Mississippi State Hospital, from all liability for any damage whatsoever incurred in furnishing such information.

Signed: _____

Date: _____