

To the Applicant: Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.



Mississippi Community College Board Application for Employment

PERSONAL INFORMATION

Name

Address	City	State	Zip
Phone number	Email address		

Work Authorization Status

Please indicate your current work authorization status for employment in the United States in the following text box.

- I am a U.S. Citizen or permanent resident (Green Card holder).
- I have a valid work visa or employment authorization.
- I require sponsorship for employment now or in the future.
- I am not authorized to work in the U.S.

Note: Employment eligibility verification is required by law upon hire.

Are you a veteran? Yes No

If selected for employment are you willing to submit to a background check?

Yes No

POSITION INFORMATION

Title of position for which you are applying	Available start date	Desired pay
Employment desired		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Intern

Are you currently employed or have you been employed within the last twelve months at a Mississippi Community College?

Yes No

If yes, please list the name of the college and dates of employment:

EDUCATION

School/College Name	Location	Dates Attended		Degree received	Major
		From	To		

COURSES TAKEN

If college credit is earned but no degree, indicate the total number of credit hours earned	How many additional credit hours do you need to receive a degree?

Indicate any special courses or training programs not reported above that relate to the type of employment you are seeking.

Indicate and explain any work-related skills or experience you have obtained through unpaid work, volunteer work, skills developed as a hobby, etc.

EMPLOYMENT HISTORY

PLEASE LIST MOST RECENT EMPLOYMENT FIRST

Employer (1)		Job Title	
Start Date	End Date		Full-Time Part-Time
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip
Job Duties		Reason for Leaving	
Employer (2)		Job Title	
Start Date	End Date		Full-Time Part-Time
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip
Job Duties		Reason for Leaving	
Employer (3)		Job Title	
Start Date	End Date		Full-Time Part-Time
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip
Job Duties		Reason for Leaving	

REFERENCES *(business and professional only)*

Name	Organization	Title	Phone

SIGNATURE DISCLAIMER

The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide at my request the name and address of the agency, so that I may obtain from them the nature and substance of the information contained in the report.

Name (printed)

Date

Signature

Division of Human Resources
Mississippi Community College Board
3825 Ridgewood Road
Jackson, MS 39211
601-432-6524

Submit By Email:

Download and save the application.

Send the complete application along with your resume, transcripts, and three letters of reference to: HR@MCCB.edu

Equal Employment Opportunity/Affirmative Action

The MCCB adheres to the principle of equal educational and employment opportunities as mandated by each of the five statutes that the Equal Employment Opportunity Commission enforces to prohibit job discrimination by both private and governmental agencies.

The MCCB is an Equal Opportunity employer. Minorities, women, veterans, and individuals with disabilities are encouraged to apply.

Internal Use Only

Applicant Number _____

Date Submitted _____