

Revised June 2017

FACULTY & ADMINISTRATION 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 Northeast Mississippi Community College.
- Employment applications will remain on file for one year from the application date. You will not be notified of the expiration of your application from active status. You must notify the Human Resources Office of your desire for your application to remain on active status.
- Open positions are listed on the Northeast web site (www.nemcc.edu) under "Human Resources." You should notify the Human Resources Office of your desire for your application to be specifically considered for any open position.

Applications for advertised positions must be received by the closing date stated on the Job Announcement. Applications may be hand delivered, mailed, or faxed to (662) 720-7321. All material should be directed to Human Resources Officer, Northeast Mississippi Community College, 101 Cunningham Boulevard, Booneville, MS 38829.

A completed application packet must include transcripts with degrees conferred and legends for all college/university academic preparation. Copies of transcripts will be accepted initially but official transcripts must be submitted prior to interviews

Position for which you are applying:					Part-time	Full-time
Last Name:	First Na	ame:		MI:		
Street Address:						
City:	State:			Zip Co	de:	
Home Phone:		Work P	Phone:		Other Phone:	
Valid Driver's License Number:				State:		
Social Security Number:			Email address (O	ptional):		
I hereby authorize Northeast Mississippi Commisuitability for employment. This may include a corrany third party to disclose to Northeast Missi	unity College t riminal backg	o investigation	ck, credit check and a ch	erences, employme neck on my driving r	ecord. I also author	ize my former emplo

or otherwise, without giving me prior notice of such disclosure. I hereby release Northeast 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

pplicant Signature	Date	

High School: 9 10 11 12 H.S. Graduate? Yes No GED? Yes No College or University Name and Location Credit Hours Sem Qtr Major Degree, if completed Summary of Courses Taught: Please list all of the courses you have taught in the discipline for which you are applying. Dates Taught: From/To Course Title List Current Licenses/Professional Registrations/Certifications State Expiration Date Professional Memberships (Do not include those that indicate race, color, origin, sex, age or religious beliefs.) COMPUTER SKILLS: List the computer software programs and hardware with which you are proficient. SOFTWARE HARDWARE	EDUCATION: CHECK HIGHEST GRADE COMPLETED						
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SOFTWARE HARDWARE							
	SOFTWARE			HAF	RDWARE		
Other Training: Name and address of school(s) Course of Study Diploma/Certificate	Other Training: Name and address of school(s)		Cour	se of Study		Dip	loma/Certificate

EMPLOYMENT HISTORY: List your employment history (in ten years. A resume and cover letter are highly recomment than one position with the same employer, list each separation to provide this information may result in your app	nded but will not be accepted in lieu o rately. Attach additional sheets for cor	f a completed applintinuation if necess	cation form. If you had more
Employer:	mountain not receiving proper considere	Employment Dates	From:
Your Job Title:			To: Part time
Address:			Full time L
Supervisor:	Title:	Phone	
Description of Work:			
Reason for Leaving	May	we contact this emp	loyer?
Employer:		Employment Dates	From: To:
Your Job Title:			Part time
Address:			
Supervisor:	Title:	Phone	
Description of Work:			
Reason for Leaving	May	we contact this emp	loyer? Yes No
Employer:		Employment Dates	From: To:
Your Job Title:			Part time
Address:			
Supervisor:	Title:	Phone	
Description of Work:		·	
Reason for Leaving	May	we contact this emp	loyer? Yes No
Employer:		Employment Dates	From: To:
Your Job Title:			Part time
Address:			Tunume
Supervisor:	Title:	Phone	
Description of Work:	1	1	
Reason for Leaving	May	we contact this emp	loyer? Yes No

Have you ever been employed by NEMCC? Yes	No	
If yes, from to		
Position(s) held:	Location:	
		_
		_
		_
		_
Are you related to any NEMCC employee or board me	mber? Yes No If yes, name:	
REFERENCES: Please list the names and telephone number	nbers of three professional references (co-workers, customers, and/or	
supervisors other than those listed previously). At lea Northeast.	st two references should be other than current or former employees of	
TO THE USE		
Name	Relationship Phone Number	
Provide a brief statement concerning your education		

PLEASE READ CAREFULLY

Northeast Mississippi Community College, Booneville, Mississippi 38829, adheres to the principle of equal educational and employment opportunities without regard to age, race, sex, color, creed or national origin. This adopted policy includes the qualified handicapped and extends to all programs and activities supported by the college. For more information contact the Dean of Students, 101 Cunningham Blvd., Ramsey Hall, Booneville, Mississippi 38829; 662-720-7273.



101 Cunningham Boulevard Booneville, MS 38829 Phone: (662)728-7751 FAX: (662)720-7321

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with, and for the duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reason for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I understand that submission of this form does not indicate that Northeast Mississippi Community College will be conducting pre-employment inquiries on all applicants. Only finalists for open positions are submitted for inquiry.

I authorize without reservation, any party or agency contracted by this employer to furnish the above mentioned information:

Full Name:				
Fir	rst	Middle		Last
Maiden Name:				
Date of Birth:		Social Se	ecurity Number: _	
Current Address:				
City:	Sta	te:		_ Zip:
Driver's License N	umber:		State Issued: .	
*Date of Birth is be	eing requested in order	to obtain accı	ırate retrieval of ı	records.
employment is de	· ·	ation obtain	ed through back	t, I am entitled to know if kground inquiries. I also by investigative report.
I agree that any co	py of this document is as	valid as the o	riginal.	
Applicant's Signat	ure:		Da	te: