

Revised June 2017

STAFF 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 <u>not</u> be notified of the expiration of your application from active status. You must notify the Human Resources Office of you desire for your application to remain on active status.
- Open positions are listed on the Northeast web site (<u>www.nemcc.edu</u>) 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.

Position for which you are applying:		1	Part-time	Full-time	
Last Name:	First Name:	·	————— МІ:		
Street /mailing address: City:		State:	State: Zip:		
Home Phone: Wor		(Other Phone:		
Valid Driver's License Number:		State:			
Social Security Number:		Email address (optional)	Email address (optional)		
	ng out of or related to such inve driving position is dependent up sion of facts is sufficient cause o	stigation or disclosure.	dless of the date	e of discovery.	
Applicant Signature		Date			
EDUCATION: Circle highest grade completed:	High School 9 10 11	12 H.S. GraduateYes	_No G	ED?YesNo	
College or University Name and Location (Please provide copies of transcript(s)		Major	Degree, if	completed	

Other equipment Other Training: Name and address of school(s) Course of Study Diploma or Certificat
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Other skills relevant to employment:
EMPLOYMENT HISTORY: List your employment history beginning with your current or last position within the last five years. A
resume and cover letter are highly recommended but will not be accepted in lieu of a completed application form.
Employer Address From To Reason for Leaving
REFERENCES: Please list the names and telephone numbers of three references (co-workers, customers, and/or supervisors). At
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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: