Exact title of job apply	ying for (one title	only):		
Title:				
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Desire Committee of the				
Social Security Number	Last Name	First	Middle	Maiden
Mailing Address		<u> </u>		
City	County Code	State Zip	Home Phone	Other Phone
To meet the requirements of fed will not be used for making emp	eral regulations, we need to sloyment decision. (Optiona	collect information on the l)	questions below for EEO re	porting purposes only. This information
A. Race:(1) Americ	an Indian B. Sex:	(M) Male	C. Date of Birth	
(2) White	Madeling	(F) Female	ì	Month Day Year
(3) Hispani	ic			
(4) Black	D. Are you:	a Veteran of the ARMED F	ORCES?YES	NO
(5) Asian	E: Email Ad	ddress:		
social sec	ve ever applied for urity number, plea ny agency for whi	se list them:		nder a different name or
C. Date availa	able for employme		ay Year	
D. How many	y hours are you ava			
	EDU	CATIONAL BAC	CKGROUND	
Do you have a hi	gh school diploma	?		
Years of Education	on (circle highest s	school year comple	eted)	
1 2 3 4 5 6 7	8 9 10 11 12 13	3 14 15 16 17 1	8 19 20	
Do you have a G	ED certificate?	****		
Date received				

EDUCATIONAL BACKGROUND

lame of college, niversity, or technical chool attended	Total Cre Received	Total Credits Received		ied	Did you graduate?		Type of Degree (B.S, M.ED, ect.) & Date Received (Mo/Yr)		G P A		Field of Study		1	Depart, of Major
	Semester	Quarter	From	To	Yes	No			1	Major	Hours	Misor	Hours	
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License, Certificate,	Registration	і (А сору с	of the app	ropriat	e licens	e or cert	ificate must	be attached if requ	ired b	y the job	descript	tion)		
Title/Type	itle/Type License Nun		nber Name of Agency			sing	Specialization		Certification date (Orig)		Exp	Expiration Dat		
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			*****							·····			·	
			H	XPER	IENCE	AND T	RAINING F	RECORD					····	-
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WORK HISTORY:	List all pric	or work ex	perience	, inclu	ling mi	litary ser	vice, begins	ning with your mo	st rece	nt emplo	yment.	You ma	ay include	:
volunteer or unpaid	work as par	t of your l	history; b	oweve	r, you s	hould in	clude the nu	mber of hours per	st rece week	nt emplo which y	oyment. ou perfo	You mormed the	ay include ese duties	:
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volunteer or unpaid	work as par e not accep	t of your l ted and π	history; h nay not b	oweve e used	r, you s as a su	hould in bstitute	clude the nu	mber of hours per	st rece week	nt emple which y	oyment. ou perfo	You marmed the	ay include ese duties	:
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CONTRACT APPLICATION B. Ending Date Name and complete address of employer/company A. Starting Date Yr Mo. Yr. Mo. Name, title and phone number (if known) of your immediate supervisor. Ending Salary Hours Per week/Avg. Exact title of your position Number of employees you supervise: Starting Salary Description of duties in detail: B. Ending Date Name and complete address of employer/company A. Starting Date Mo. Name, title and phone number (if known) of your immediate supervisor. Number of employees you supervise: Hours Per week/Avg. Exact title of your position Ending Salary Starting Salary Description of duties in detail:

. Starting Date B. Ending Date				Name and complete address of employer/company					
Mo. Yr	Mo.	Yr.							
Vame, title and phone number	r (if known) o	of your immediate	superviso	Γ.					
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Additional Information (oth	er schools or 1	training: special qu	alification	ns: honors and awards; etc.):					
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aut	norize the ven	ification of this info	ormation l	by the State Personnel Board and re-	and complete to the best of my knowledge. I lease to any agency considering me for				
em _j list	ployment. I kr of eligible's,	now that any misre and/or dismissal fr	presentati om state s	on herein my lead to rejection of my service. I understand that as a condi-	y application, removal of my name from the tion of employment, I will be required to				
pre	sent documen	kanon which verific	es doth m	y memuy and my employment eligi	bility pursuant to federal immigration law.				
Date									
Date			Signatur	e of Applicant					
Date			Signatur	e of Applicant					



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:	 	<del>,</del>	 
Date:			