Exact title of job appl	ying for (one title	only):			
Title:					
<u> </u>					
Social Security Number	Last Name	First	Middle	Maiden	
Mailing Address					
City	County Code	State Zip	Home Phone	Other Phone	****
To meet the requirements of fe will not be used for making em	deral regulations, we need to aployment decision. (Option	to collect information on nal)	the questions below f	or EEO reporting purposes only. The	is information
A. Race:(1) Ameri	ican Indian B. Sex:	(M) Male	C. Date o	f Birth	
(2) White		(F) Female		Month Day Year	
(3) Hispa	nic				
(4) Black					
(5) Asian					
	any agency for wh		ot work:		
C. Date avai	ilable for employn	nent:			
		Month	Day Y	ear	
D. How man	ny hours are you a	vailable to work	?	anna garagaga muu umaan	
Secured open and distributed the available which you had a state of the characteristic for	ED	UCATIONAL E	BACKGROUN	ID	######################################
Do you have a l	nigh school diplon	na?		,	
Years of Educa	tion (circle highes	t school year cor	npleted)		
1 2 3 4 5 6 7	7 8 9 10 11 12	13 14 15 16 1	7 18 19 20		
Do you have a	GED certificate? _				
Date received _					

EDUCATIONAL BACKGROUND

Name of college, university, or technical school attended	1	Total Credits Received		ed	Did you graduate?		Type of (B.S, M Receive	Degree ED, ect.) & Date d (Mo/Yr)	G P A	THE STATE OF THE S		of Study		Depart. of Major
***************************************	Semester	Quarter	From	То	Yes	No	1		1.	Major	Hours	Minor	Hours	
~~~~	Hours	Hours				<b> </b>			+		<b> </b>			<b> </b>
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		ļ							<u> </u>	<u> </u>	<u> </u>			<b></b>
			1											
License, Certificate,	Registration	(А сору	of the appr	opria	te licens	e or certi	ficate must	be attached if requ	ired b	y the job	descript	ion)		
Title/Type	Lie	License Number			Name of Licensing Agency		Specialization		Certification date (Orig)		Expir	Expiration Date		
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				-		·····	**********	-	_					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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proceedings danger annual and the trade of the formation of the first		WA	E.	XPER	JENCE	AND II	RAINING F	ECORD	÷*****	///-C/19-4-/	*****		Sankharatikanin Santia dan masili	
WORK HISTORY: volunteer or unpaid	work as part	of your	history; ho	weve	r, you sh	rould inc	lude the nu	mber of hours per	t rece week	nt emplo which yo	yment. ou perfor	You may med the	y include se duties.	
NOTE: Resumes ar  May your present en	_		-				or comple	ing ims section.						
A. Starting Date	B.	Ending 1	Date		Name	and com	nlete addre	ss of employer/com	nany					
							F	or or trapely or con-	·					
Mo. Yr Name, title and phone m	Mounter (if kn		Yr.	liate c	าเกอสเกีย	**					_,,,,,,,,,,.			
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Starting Salary	Ending Sal	агу	Hours Per v	veek/.	Avg.	Exact	xact title of your position			Number of employees you supervise:				2;
Description of duties in	detail:		<del></del>			<u> </u>				······································	***************************************			
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# A. Starting Date B. Ending Date 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 B. Ending Date Name and complete address of employer/company Mo. Yr. 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:

**CONTRACT APPLICATION** 

	B. Endir	ing Date [ iva	me and complete address of employer/co	ompany
o. Yr	Mo.	Yr.		· · · · · · · · · · · · · · · · · · ·
	ne number (if known)	of your immediate super	visor:	
				`
rting Salary	Ending Salary	Hours Per week/Avg.	Exact title of your position	Number of employees you supervise:
scription of duties	in detail:			
		***************************************		
		**************************************	**************************************	
litional Informati	on (other schools or tr	raining: enecial qualificant	ions: honors and awards; etc.):	
	on (omer seneous or a	aming, special quanticat	ious: nonois and awards; etc.):	
Certification:	I certify that all stat	iements made herein and	On any attached documents are true and	complete to the heat of any law value In I
Certification:	anthorize the Actific	vauon oi mis miormanon	DV the State Personnel Roard and releas	complete to the best of my knowledge. I se to any agency considering me for
Certification;	employment. I know list of eligible's, and	w that any misrepresentat d/or dismissal from state	to by the State Personnel Board and release tion herein my lead to rejection of my ap service. Lunderstand that as a condition	se to any agency considering me for oplication, removal of my name from the
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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:	