







# CONTRACT APPLICATION

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A. Starting Date Mo.          Yr	B. Ending Date Mo.          Yr.	Name and complete address of employer/company
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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:
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Description of duties in detail:


Additional Information (other schools or training: special qualifications: honors and awards; etc.):

**Certification:** I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the State Personnel Board and release to any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligible's, and/or dismissal from state service. I understand that as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

# CONTRACT APPLICATION

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EAST MISSISSIPPI STATE HOSPITAL  
P.O. BOX 4128, WEST STATION, MERIDIAN, MISSISSIPPI 39304-4128

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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: \_\_\_\_\_