



FACULTY AND 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 Southwest Mississippi Community College.

Applications for advertised positions must be received by the closing date stated on the Job Announcement. Applications may be emailed, hand delivered, mailed, or faxed to (601) 276-3850. All material should be directed to Human Resources Administrator, hr@smcc.edu, 1156 College Drive, Summit, MS 39666.

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
		<input type="checkbox"/>	<input type="checkbox"/>
Last Name:	First Name:	MI:	
Street Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Other Phone:	
Valid Driver's License Number:		State:	
Social Security Number:	Email address (Optional):		

APPLICATION ACKNOWLEDGEMENT

I hereby authorize Southwest Mississippi Community College to investigate my background, references, employment record and other matters related to my suitability for employment. This may include a criminal background check, credit check and a check on my driving record. I also authorize my former employers or any third party to disclose to Southwest Mississippi Community College all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release Southwest 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.

Applicant Signature

Date

EDUCATION: CHECK HIGHEST GRADE COMPLETED

High School: 9 10 11 12 H.S. Graduate? Yes No GED? Yes No

College or University Name and Location	Credit Hours		Major	Degree, if completed
	Sem	Qtr		

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

Other Training: Name and address of school(s)	Course of Study	Diploma/Certificate

EMPLOYMENT HISTORY: List your employment history (including military experience) beginning with your current or last position within the last ten years. A resume and cover letter are highly recommended but will not be accepted in lieu of a completed application form. If you had more than one position with the same employer, list each separately. Attach additional sheets for continuation if necessary, following the same format. Failure to provide this information may result in your application not receiving proper consideration.

Employer:		Employment Dates	From:
			To:
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Salary:	Per Week	Per Month	
Description of Work:			
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Employment Dates	From:
			To:
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Salary:	Per Week	Per Month	
Description of Work:			
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Employment Dates	From:
			To:
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Salary:	Per Week	Per Month	
Description of Work:			
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Employment Dates	From:
			To:
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Salary:	Per Week	Per Month	
Description of Work:			
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been employed by SMCC? Yes No

If yes, from _____ to _____

Position(s) held: _____ Location: _____

Are you related to any SMCC employee or board member? Yes No If yes, name: _____

REFERENCES: Please list the names and telephone numbers of three professional references (co-workers, customers, and/or supervisors other than those listed previously). At least two references should be other than current or former employees of Southwest.

Name	Relationship	Phone Number

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorized the verification of any or all information listed above.

Employment at Southwest Mississippi Community College is "at will" and terminable "at will" by the College or employee with or without cause. Any oral or written statements or promises to the contrary, other than contracts issued by the Board of Trustees of Southwest Mississippi Community College, are not binding upon the College. Should any such statements be made suggesting that employment at this College is other than "at will", the employee should contact the Department of Human Resources for confirmation.

Applicant's Signature: _____ Date: _____

PLEASE READ CAREFULLY

Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Mrs. Rhonda Gibson, Director of Disability Support Services, 601-276-3885; Mr. Blake Brewer, Vice-President for Student Affairs and Title IX Coordinator, 601-276-3717; SMCC, 1156 College Drive, Summit, MS 39666.



SOUTHWEST

MISSISSIPPI COMMUNITY COLLEGE

1156 College Drive ~ Summit, MS 39666

Phone: (601)276-2000 FAX: (601)276-4331

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 Southwest 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: _____
 First Middle Last

Maiden Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State Issued: _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.

I understand that, according to the Federal Fair Credit Reporting Act, I am entitled to know if employment is denied based on information obtained through background inquiries. I also understand that I am entitled to receive, upon written request, a copy of any investigative report.

I agree that any copy of this document is as valid as the original.

Applicant's Signature: _____ Date: _____