

mississippi**school**of the**arts**

i m a g i n e c r e a t e R E A L I Z E

A State Residential School of the Visual and Performing Arts.

Pool of Service Providers – Employment

Please return to the Mississippi School of the Arts, PO Box 229, Brookhaven, MS 39602-0229.

Name _____
First Middle Last

Mailing Address _____
Street or PO Box

City State Zip

Home Phone _____ Alternate Phone _____

Email _____ Date of Birth _____

I am interested in applying for:

Name of Position: _____

If I am not hired for the open positions, I would like to be placed in a Pool of Service Providers to be called upon at a later date, if a position is available. Yes No

Preferred Method of Communication:

- ☐ Email
☐ Phone
☐ Mail

Highest Level of Education (circle one):

GED High School Bachelor Master Specialist Doctorate

High School/College/University Education

School name		Degree Received
Dates Attended	Did you graduate? Yes No	# of Units Completed
School Location (City/State)		Major
School name		Degree Received
Dates Attended	Did you graduate? Yes No	# of Units Completed
School Location (City/State)		Major
School name		Degree Received
Dates Attended	Did you graduate? Yes No	# of Units Completed
School Location (City/State)		Major
School name		Degree Received
Dates Attended	Did you graduate? Yes No	# of Units Completed
School Location (City/State)		Major

Type	Date Issues (Month/Year)	Expiration Date (Month/Year)
License Number	Issuing Agency	Specialization
Type	Date Issues (Month/Year)	Expiration Date (Month/Year)
License Number	Issuing Agency	Specialization

Dates	Employer	Position Title
Address, City, State		
Phone Number	Supervisor (Name & Title)	Reason for Leaving:
Hours Per week	Salary	May we contact this employer? Yes No
Duties		

Dates	Employer	Position Title
Address, City, State		
Phone Number	Supervisor (Name & Title)	Reason for Leaving:
Hours Per week	Salary	May we contact this employer? Yes No

Duties		
Dates	Employer	Position Title
Address, City, State		
Phone Number	Supervisor (Name & Title)	Reason for Leaving:
Hours Per week	Salary	May we contact this employer? Yes No
Duties		
Dates	Employer	Position Title
Address, City, State		
Phone Number	Supervisor (Name & Title)	Reason for Leaving:
Hours Per week	Salary	May we contact this employer? Yes No
Duties		

Professional References (with knowledge of your work and work ethic)

Name	Phone Number
Mailing Address	How long have they known you (in years)?
How do they know you?	
Name	Phone Number
Mailing Address	How long have they known you (in years)?
How do they know you?	
Name	Phone Number
Mailing Address	How long have they known you (in years)?
How do they know you?	

By signing this application, 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 Mississippi School of the Arts. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibility, and/or dismissal from service. I understand that, as a condition of employment, I will be required to present documentation with verified both my identity and my employment eligibility pursuant to federal immigration law. A background check will be conducted as required by law and adverse findings may impact my employment.

X

Signature of applicant

Date

Email completed application, resume, and copies of any relevant documentation to
employment@msabrookhaven.org

The Mississippi School of the Arts does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. The Mississippi School of the Arts is an Equal Opportunity Employer.