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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.

First	Middle	Last				
Mailing Address	Street or PO Box					
	Street of PO Box					
City	State		Zip			
Home Phone	Alternate Phone					
Email	Date of Birth					
I am interested in applying for:		ſ				
Name of Position:			Preferred Method of Communication:			
If I am not hired for the open positions, I we to be called upon at a later date, if a position		Providers	□ Email □ Phone □ Mail			
Highest Level of Education (circle one):						
GED High School	Bachelor Master Speci	alist Doctorate				
	High School/College/University Educati	on				
School name	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Degree Received				
Dates Attended	Did you graduate? Yes No	# of Units Complete	# of Units Completed			
School Location (City/State)		Major				
School name		Degree Received				
Dates Attended	Did you graduate? Yes No	# of Units Complete	# of Units Completed			
School Location (City/State)	Major					
School name		Degree Received				
Dates Attended	# of Units Complete	d				
School Location (City/State)	,	Major				
School name		Degree Received				
Dates Attended	Did you graduate? Yes No	# of Units Complete	d			
School Location (City/State)		Major				

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Certificates & Licenses

Туре	Date Issues (Month/Year)	Expiration Date (Month/Year)		
License Number	Issuing Agency	Specialization		
Туре	Date Issues (Month/Year)	Expiration Date (Month/Year)		
License Number	Issuing Agency	Specialization		
If you are not living near the campus in Broo	okhaven, are you willing to relocate?	Yes No		
Are you willing to work shift work, weekend	s, and/or night work?	Yes No		
Have you ever been convicted of a crime?		Yes No		
Have you been separated within the last 12 If yes, what was your previous agency/title/	months from the state of Mississippi due to a date of RIF?	a reduction in force (RIF)? Yes No		

Work History (add pages as needed for more work experience)

work history (add pages as needed for more work experience)						
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	1					
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				
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Duties		
Dates	Employer	Position Title
Dates	Employer	Position file
Address, City, State		
Phone Number	Supervisor (Name & Title)	Reason for Leaving:
Hours Per week	Salary	May we contact this employer? Yes No
Duties		163 140
Dates	Employer	Position Title
Address, City, State		
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)?				
Have de the color access?					
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)?				
Have de the color access?					
How do they know you?					
By signing this application, I certify that all statements made herein and on ar	y attached documents are true and				
complete to the best of my knowledge. I authorize the verification of this info	rmation by the Mississippi School of the				
Arts. I know that any misrepresentation herein may lead to rejection of my ap	plication, removal of my name from the				
list of eligibility, and/or dismissal from service. I understand that, as a condition	on 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 fir	ndings 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.