

Service Providers – Contract 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 (circle one):

Residential Life Food Service Clerical/Secretarial Substitute Teacher

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

Highest Level of Education (circle one):

GED High School Bachelor Master Specialist Doctorate

Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail

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

Certificates & Licenses

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

Are you willing to work shift work, weekends, and/or night work? Yes No
 Have you ever been convicted of a crime? Yes No
 Have you been separated within the last 12 months from the state of Mississippi due to a reduction in force (RIF)? Yes No
 If yes, what was your previous agency/title/date of RIF? _____

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

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

Work History

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

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.

X _____
Signature of applicant

_____ Date