To apply for any open position, submit this official Application for Employment form along with a current resume and any additional documents noted in the online position description.

The Mississippi Institutions of Higher Learning (IHL) will always accept applications without a position being open. If you choose to send a resume, please also complete the Application for Employment form.

IHL participates in the E-Verify Employment Verification Program, and all offers of employment are contingent upon completion of a satisfactory criminal background check.

Please send all documents by mail or email to the following below.

**Mail to:**
Attn: Human Resources
Institutions of Higher Learning

3825 Ridgewood Road
Jackson, MS 39211

**Email to:**
hr@mississippi.edu

**INSTRUCTIONS**



IHL-HR-01

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**Mississippi Institutions of Higher Learning (IHL)**

**IHL Executive Office**

**APPLICATION FOR EMPLOYMENT**

|  |
| --- |
| **CONTACT INFORMATION** |
| Position Applied For:      | Working conditions you will accept.[ ]  Full Time [ ]  Part Time [ ]  Temporary  | How soon can you begin?      |
| Last Name      | First      | Middle Initial      | Maiden Name      |
| Mailing Address      | Work Phone No.      |
| Email      | Home or Cell Phone No.      |
| **EDUCATION** |
| Name of School | Location of School(City, State) | Diploma/Major/Course of Study | Degree/Certificate Awarded |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **OTHER REQUIRED INFORMATION** |
| Are you legally eligible for employment in the United States? [ ]  Yes [ ]  No(Proof of identity and legal authority to work in the U.S. is a condition of employment) |
| Have you ever been convicted of a felony which has not been annulled or sealed by court? [ ]  Yes [ ]  No If yes, explain below.       |
| **EMPLOYMENT HISTORY -** *Begin with your most recent job.* |
| Job Title      | Start Date      | End Date      | Salary [ ]  Hourly [ ] Weekly       [ ]  Monthly [ ]  Annually  |
| Name of Employer      | Name of Supervisor      |
| Address      | City      | State      | Zip      |
| Phone No.      | Reason for Leaving      |
| Duties Performed      |
| Job Title      | Start Date      | End Date      | Salary [ ]  Hourly [ ] Weekly       [ ]  Monthly [ ]  Annually  |
| Name of Employer      | Name of Supervisor      |
| Address      | City      | State      | Zip      |
| Phone No.      | Reason for Leaving      |
| Duties Performed:      |
| Job Title      | Start Date      | End Date      | Salary [ ]  Hourly [ ] Weekly       [ ]  Monthly [ ]  Annually  |
| Name of Employer      | Name of Supervisor      |
| Address      | City      | State      | Zip      |
| Phone No.      | Reason for Leaving      |
| Duties Performed:      |
| **PERSONAL REFERENCES** *List three persons other than relatives that we may contact.* |
| 1. Name

      | Phone No.      | Relationship      |
| Email Address      |
| 1. Name

      | Phone No.      | Relationship      |
| Email Address      |
| 1. Name

      | Phone No.      | Relationship      |
| Email Address      |
| By submitting this application, I certify that all my statements made by me on this application and/or attached resume are true and correct to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably. I authorize my previous employers, schools, and references to give any information regarding employment or my educational record. I agree that this agency and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on this application. I understand that all job offers may be withdrawn if the result of any background check is not considered satisfactory by IHL. |
| **For HR Office Use Only** |
| **Job #** | **Date Received** |