



Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558

APPLICATION FOR EMPLOYMENT

(This application is valid only for the position or positions listed on this application, and is void after 1 year.)
(This application for employment **must be** completed in its entirety in order to be considered for a job vacancy.)

Date of Application: _____

PLEASE WRITE CLEARLY. Application must be complete and legible. Answer all questions in ink.

Last Name		First Name			Middle Name
Mailing Address		City	State	Zip	Length of time at this Address
Telephone Numbers/E-mail		Home	E-mail		Social Security Number
Position Applied For:					
Type of Work Preferred	Full Time	Part Time	Temporary	Other	
Working Hours/Days Available			Salary Required		

PLEASE READ AND ANSWER ALL THE QUESTIONS BELOW

Have you ever been employed with MDCC before? Yes ___ No ___ If yes, when and where?

Do you have any relatives currently employed with us? Yes ___ No ___ If yes, give their name(s).

List all addresses at which you have lived within the past 10 years. _____

Are you presently authorized to work in the U.S. on a full-time basis? Yes ___ No ___

Have you ever been convicted of, pled guilty to, or paid a fine for any criminal offense? Yes ___ No ___ It is not necessary to include parking tickets or speeding tickets unless you are applying for a position that requires driving. (Conviction will not necessarily disqualify an applicant from employment). If yes, explain. _____

Do you know of any reason(s) that might make it difficult for the Company to obtain surety bond insuring your honesty?

Yes ___ No ___ If yes, explain _____

How were you referred to MDCC? _____

Have you ever been known by or used any other name? _____

If yes, list the other social security and drivers' license numbers _____

REFERENCES: Give name, address and phone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

EDUCATION:	High School	Undergraduate	Graduate	Other
School name, address, city, state, zip				
Number of years attended				
Did you graduate?				
Degree received				
Course of study				
Overall grade point average				
List any specialized training or apprenticeships				
List any honors received				

Are you planning further studies? _____ Yes _____ No If yes, where and when? _____

Types of courses _____ Would you be a _____ part-time, or _____ full-time student?

JOB SKILLS: Indicate the amount of experience you have in the following areas:

Accounting		Personal Computer	
Balancing Cash		Proof Machine	
Calculator/10 Key		Word Processing	WPM
Collections		Other	
Data Entry			

What types of computer software can you use?
Other job related skills:

EMPLOYMENT HISTORY: List your current and ALL prior employers. Start with your present or last job, including any military service, part-time or volunteer activities. Use a separate sheet if necessary to complete any of this information.

Current or Most Recent Employer	Phone	Employed: Full-time	Part-time	Other
Address	From	To	Duties:	
City/State				
Job Title	Start: \$ _____	Final \$ _____		
Supervisor				
Reason for Leaving				
Have you been or were you disciplined, counseled, warned, asked to resign, or discharged by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				

Prior Employer No. 1	Phone	Employed: Full-time	Part-time	Other
Address	From	To	Duties:	
City/State				
Job Title	Start: \$ _____	Final \$ _____		
Supervisor				
Reason for Leaving				
Were you disciplined, counseled, warned, asked to resign, or discharged by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				

Prior Employer No. 2	Phone	Employed: Full-time	Part-time	Other
Address	From	To	Duties:	
City/State				
Job Title	Start: \$ _____	Final \$ _____		
Supervisor				
Reason for Leaving				
Were you disciplined, counseled, warned, asked to resign, or discharged by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				

Prior Employer No. 3	Phone	Employed: Full-time	Part-time	Other
Address	From	To	Duties:	
City/State				
Job Title	Start: \$ _____	Final \$ _____		
Supervisor				
Reason for Leaving				
Were you disciplined, counseled, warned, asked to resign, or discharged by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				

Have you ever been disciplined, counseled, asked to resign, or discharged by any employer? Yes No. If yes, explain _____

UNEMPLOYMENT HISTORY

From To Please list and explain any periods of time of four weeks or more that you were not working

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY

I certify that the information in this application is true and complete to the best of my knowledge and that I have withheld no information requested. I understand that any misleading or incorrect statement or response may render this application void and, if employed, may result in my immediate termination regardless of the point in time at which the misleading or incorrect statement or response is discovered.

I understand that the Company may conduct an investigation concerning my character, general reputation, mode of living, employment history, job performance, and criminal records. I authorize the Company to obtain, and any person, corporation, or governmental unit contacted to release to the Company, all information known to them regarding my character, general reputation, mode of living, employment history, job performance, criminal records, credit history, and other qualifications, whether or not it is in their records. I hereby release both the Company and any and all persons, corporations, governmental units, and law enforcement agencies contacted by the Company, from any and all liability for any damage flowing from the disclosure of this information and the Company's action thereon.

I agree to submit myself, whenever requested by the Company, to a physical examination by medical personnel designated by the Company and to testing for the presence of alcohol and other drugs or substances by medical personnel designated by the Company. I understand and agree that any positive test result, or the refusal to submit to such testing, may result in disciplinary action up to and including immediate termination of employment.

I acknowledge that the Company reserves the right to inspect all property (including vehicles, purses, lockers, desks, lunch boxes, packages, and other containers) on the Company's premises and, if employed, I agree to allow and to cooperate with such inspections as a condition of continued employment. I understand that, if employed, the Company and its employees may, from time to time, monitor my performance and activities during working time or while I am on Company property, by electronic, video and/or voice transmittal and receiving equipment and telephonic monitoring devices. The Company has my permission to engage in such monitoring and I fully release and hold harmless the Company, its officers, employees and agents of any claim or complaint and damages whatsoever that I may have against them relating to, directly or indirectly, to this monitoring activity.

I further acknowledge and understand that, if I am employed, I do not have a contract of employment with the Company. The Company may make changes in employment policies, benefits, practices, and procedures with or without notice and with retroactive effect. I further understand and agree my employment is at-will, that it is not for any specific term or period of time, and that the Company may take any action concerning my employment, including termination, with or without cause, with or without notice, and without further obligation to me. I understand that no representative of the Company, other than the Chief Executive Officer, has any authority to make any promises concerning my employment or to make any agreement contrary to the foregoing, and then only by a written individual employment agreement, signed by the Chief Executive Officer.

I agree that if I am employed, the Company may deduct from my wages, including my last check, all amounts that I may owe to the Company for services or goods.

I understand the Company's receipt of this application does not entitle me to employment. This application for employment will be considered only for the job(s) specifically applied for, and will become void and no longer be considered 30 calendar days from the date of this application.

Date	Applicant Signature

AUTHORITY TO RELEASE INFORMATION

TO ANY PERSONNEL OFFICER, REGISTRAR, LAW ENFORCEMENT AGENCY, OR OTHER CUSTODIAN OF RECORDS:

This is your authority to release information to the undersigned which is contained in your files or records, including, but not limited to educational, criminal, and personnel information of every type. You may release this information to any representative of Security & Investigative Support Services, Inc. (Security Support Services). You should honor a photo static or facsimile copy as if it were an original. Identifying information on the undersigned is:

Full Name _____ Social Security Number _____

Date of Birth _____ Sex _____ Race _____ Place of Birth _____ Driver's License # and State _____

Mother's Full Name _____ Father's Full Name _____

Your Complete Address: Years lived there _____ (Include residence for minimum of past 5 years)

Street# _____ Apt. # _____ City _____ State _____ Zip _____

Previous Address: _____ Years lived there _____

Street# _____ Apt. # _____ City _____ State _____ Zip _____

Previous Address: _____ Years lived there _____

Street# _____ Apt. # _____ City _____ State _____ Zip _____

Previous Address: _____ Years lived there _____

Street# _____ Apt. # _____ City _____ State _____ Zip _____

Previous Address: _____ Years lived there _____

Street# _____ Apt. # _____ City _____ State _____ Zip _____

I hereby authorize any individual, organization, or agency to release any and all information in its files which may be identified as pertaining to me in any way. I hereby release, acquit, and agree to hold the respondent and Security Support Services harmless from any and all liability which may be alleged on account of the request or release of this information. I further covenant not to sue any respondent or Security Support Services in connection with releasing or re-releasing the information obtained pursuant to this request.

SIGNATURE

DATE

MDCC APPLICANT CONSENT FORM FOR
BACKGROUND RECORD CHECK

Directions: Please respond to all the items below by printing the requested information and signing the consent statement. Thank you.

Full Legal Name: _____

Maiden Name: _____

Former Married Name(s): _____

Date of Birth: _____

Social Security Number: _____

I, the undersigned, hereby authorize Mississippi Delta Community College to proceed with a background check as part of the procedure for processing my application for employment. I understand that the investigation will verify my social security number and include information regarding a background record check. I understand that the contents of this check will be held in confidence and will not be revealed to any person who is not authorized by Mississippi Delta Community College.

I have read and understand the above and consent to the background record check.

Signature: _____

Date: _____