



APPLICATION FOR EMPLOYMENT

Please complete all pages of the application form. Type or print using black ink, and if you need additional space, please use the space provided. **Include a complete resume/, complete transcripts** (official transcripts required prior to actual employment) **and copies of any licenses or certificates required to meet the minimum qualifications of the position.** The filing of this application and our acceptance thereof does not indicate that there are positions open, and in no way obligates Mississippi Gulf Coast Community College.

Applications will remain on file: All applications are kept on file for one year. You will NOT be notified of the expiration of your application from active status. **YOU MUST** notify the Human Resources Office (in writing) of your desire for your application to be considered for each opened position.

Requests for Application Information:

You must make a WRITTEN REQUEST, along with a STAMPED, SELF-ADDRESSED ENVELOPE for any information concerning your application. **This information will not be furnished by telephone or in person.** Requests should be sent to the MGCCC Human Resources Office, P.O. Box 609, Perkinston, Mississippi 39573.

Where to Apply:

Applicants should mail, e-mail or hand deliver their completed applications and related materials to:

**Human Resources Office
Mississippi Gulf Coast Community College
P.O. Box 609
Perkinston, Mississippi 39573**

or

E-mail: human.resources@mgccc.edu

Telephone Number: (601) 928-6285

All applications must be received in the College Human Resource Department to be considered for employment.

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, color, religion, national origin, sex, age or qualified disability. For further information, contact the Equal Opportunity Officer at a Mississippi Gulf Coast Community College Center, Campus, or the Central Office. Compliance is coordinated by the Vice President for Administration and Finance, Perkinston Campus, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-5211.

Human Resources Use Only:

Name: _____

Application Code: _____

Date Received: _____

APPLICATION FOR EMPLOYMENT

GENERAL:

NAME: (Last) _____ (First) _____ (Middle) _____ Social Security No. _____ Date of Application _____

PRESENT ADDRESS: _____ Street: _____ City/State/Zip _____

Area Code & Ph. No.(Day) _____ Area Code & Phone No. (Evening) _____

ADDRESS WHERE YOU CAN BE CONTACTED, if different from above:

Street: _____ Alternate
Phone No. _____

City/State/Zip _____

Have you worked for this institution? YES NO

If yes, indicate: Dates of employment _____ Department _____ Position _____

U.S. Citizen? _____ If no, indicate type of visa and alien registration number. _____

YES NO

Have you ever been suspended or dismissed by any previous employer? YES NO

If yes, please explain: _____

Are you related to any employee of Mississippi Gulf Coast Community College? YES NO

If yes, give name and relationship. _____

POSITION:

Type of position desired: _____ Position applying for _____ Minimum Salary Expected _____

Administrative Faculty Staff Hourly

Date Available _____ Are you seeking: Full-time Part-time Other? If other, please explain. _____

If applying for a security, maintenance or janitorial position, please indicate below the shift(s) you are willing

to work: Any Shift Day Shift Evening Shift Night Shift

CAMPUS PREFERENCE: Any Campus Jackson County Campus Perkinston Campus

Jefferson Davis Campus George County Center Community Campus

Keesler Center West Harrison County Center Central Office

EMPLOYMENT RECORD - List most recent employment first

Employer	Start Date Mo./Year	Starting Salary	Initial position title
Street Address	End Date Mo./Year	Ending Salary	Present/Final title
City/State/Zip Code	Last Supervisor's Name		Phone Number
Reason for Leaving:			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Position Description:			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

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EDUCATION & TRAINING: (Please include complete transcript.)

High School Last Attended	Name of School	Dates Attended		Graduate?		Type of Degree or Diploma	Major Subject
	City & State	From Mo./Yr.	To Mo./Yr.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
College University or Technical School	Name of School	Dates Attended		Graduate?		Type of Degree or Diploma	Major Subject
	City & State	From Mo./Yr.	To Mo./Yr.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
College University or Technical School	Name of School	Dates Attended		Graduate?		Type of Degree or Diploma	Major Subject
	City & State	From Mo./Yr.	To Mo./Yr.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
College University or Technical School	Name of School	Dates Attended		Graduate?		Type of Degree or Diploma	Major Subject
	City & State	From Mo./Yr.	To Mo./Yr.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
OTHER	Name of School	Dates Attended		Graduate?		Type of Degree or Diploma	Major Subject
	City & State	From Mo./Yr.	To Mo./Yr.				

List academic honors, scholarships, etc., you consider significant and relevant to employment.

Other training (workshops, seminars, etc.) and avocations or hobbies that might be relative to employment.

Are you currently contributing to MS Public Employees Retirement System through another agency? YES NO

References: List three (3) persons other than relatives, who have knowledge of your work experience or education.

Name	Mailing Address	Phone

I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this form is cause for rejection of the application and/or termination of employment. I also agree: (1) if employed for more than half-time, to enroll in the State of Mississippi Retirement System, and to enroll in the college's group health insurance plan and (2) if employed, to abide by all regulations of the college.

Date _____ Applicant's Signature _____

PHILOSOPHY OF EDUCATION

In the space below, please provide a succinct statement of your philosophy of education as it relates to community colleges. To be completed by applicants for administrative or faculty positions.

USE SPACE ON THIS PAGE FOR ANY OTHER ADDITIONAL INFORMATION.

TO THE APPLICANT: Reference checks are a part of MGCCC's procedure for employment. Your signature in the space below indicates your permission for the release of information concerning your employment record/background. Please sign and return this form with your application. Do not write any other information on this form.

I hereby authorize and request former employers, personal references and schools to release any information they may have regarding me, whether or not it is in their records.

I hereby release, acquit and agree to hold harmless from any and all liability the Mississippi Gulf Coast Community College and its agents, all former employers, and all other persons in connection with providing and/or receiving information relative to this application for employment. A copy of this agreement shall be deemed to serve the same purpose as the original.

Signature of Applicant: _____ Date: _____

RATING SHEET

The person named here has expressed an interest in being considered for a position with the Mississippi Gulf Coast Community College District. Your name was given as a reference. Please fill out and return to: Director of Human Resources P.O. Box 609 Perkinston, Mississippi 39573.

Name of Applicant _____ Position Applied For _____

Know Personally Know as a student Know as an employee Known _____ years

	No basis for Judgement	Below average	Average	Above average	Excellent
Leadership					
Ability to communicate					
Ability to communicate in writing					
Judgement (ability to think logically)					
Work habits (accuracy, promptness, initiative, reliability)					
Performance in classroom or on the job					
Professional interest					
Ability to get along with others					

Would you employ or re-employ this individual? Yes No

General remarks that might be useful to us (use other side if necessary):

Date: _____ Signature: _____

Company: _____ Title: _____

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