As of 10/1/11, applications and/or resumes will only be accepted for positions that are open at the time of the receipt of the application/resume. Unsolicited applications will not be accepted or retained.

MISSISSIPPI UNIVERSITY FOR WOMEN

Office of Human Resources, 1100 College Street, MUW-1609, Columbus, MS 39701 Fax: 662-241-7616 / Email: HrInfo@hr.muw.edu

Application for Employment

All requested information must be completed. Application must be completed in full even if attaching a resume.

Please Type or Print.

PERSONAL INFORMATION												
Last Name		First N	st Name				Middle Initia	I Soc	cial Security	Number	Today's	Date
Street Address	•	Apartment Number					City			Zip Code		
Day Phone ()		Evenii (ng Phone)			Other number(s) where you can be reached						
Fax ()		Email						Wh	When can you begin work?			
	nift(s) you are available for work: chedule(s) you are available for work:		□ Day □ Full-Time		☐ Evening☐ Part-Tin		☐ Night☐ Tempora	ary	☐ On Ca	□ On Call □ V		☐ Any Shift
OTHER REQUIRED INFORMATION												
Position(s) applied for:												
Are you a U.S. Citizen?												
If you have previously been employed at MUW, give department, title, supervisor and dates:												
Mississippi law prohibits any individual from being employed in a department or unit under the supervision of a relative. If you have any relative(s) at Mississippi University for Women, give their name(s), relationship and department where employed:												
Do you possess a valid dr	☐ Yes	Yes No If Yes, type					☐ Operator ☐ Commercial		river's License Numbe			
	State issued: □ Yes											
Has your license ever been restricted, revoked, or suspended? Have you ever been convicted of a crime (felony or misdemeanor including DUI) other than routine traffic citation(s)? Yes If Yes, please explain:												
If yes, please explain. (A record of conviction will not necessarily bar you from employment.)												
					EDUCATI	ON						
Highest Grade Completed	-1 2 3 4 5 6	7 8 9 1	0 11 12	GED								
Technical/Vocational – 1	2 Colle	ege/Gradu	uate Scho City		3 4 5 6 Or State	Hour	s Completed		Degree	Received	Cour	ses Or Major
	CHOOMINSTITUTION		City	'	State			ieu 	Degree	received	Cour	ses Of Major
High School							То					
GED							То					
Vocational/ Technical							То					
College/ University							То					
College/ University							То					

SPECIAL SKILLS Do you type?	Name Social Security Number											
Let equipment you can operate (copier, 10-key calculator, etc.): Computer systems/software with which you are experienced (Microsoft Word, Excel, WordPerfect, etc.): List other job-related skills you have (shorthand, dictation, etc.): EMPLOYMENT (List Most Recent Employer First) Dates of Employment Employer's Name Supervisor's Name/Title Duties Month Year From Supervisor's Name/Title Duties Supervisor's Name/Title Duties One Full Time Part time Temporary Reason for leaving Dates of Employment Employer's Name Your Title Supervisor's Name/Title Duties From Street Address To City State Zip Employer's Phone Number From Street Address To City State Zip Employer's Phone Number One Full Time Part time Temporary Reason for leaving Dates of Employment Employer's Name Your Title Supervisor's Name/Title Duties From Street Address Zip Employer's Phone Number One Full Time Part time Temporary Reason for leaving Dates of Employment Employer's Name Your Title Supervisor's Name/Title Duties From Street Address Zip Employer's Phone Number One First Part time Temporary Reason for leaving Dates of Employment Part time Temporary Reason for leaving Manual Year Part time Temporary Reason for leaving May we communicate with your employers? Past: Yes No Present: Yes No Certification by Applicant Person P	SPECIAL SKILLS											
Computer systems/software with which you are experienced (Microsoft Word, Excel, WordPerfect, etc.): List other job-related skills you have (shorthand, dictation, etc.): EMPLOYMENT (List Most Recent Employer First) Dates of Employment Employer's Name	Do you type? ☐ Yes ☐ No											
List other job-related skills you have (shorthand, dictation, etc.): EMPLOYMENT (List Most Recent Employer First)	List equipment you can operate (copier, 10-key calculator, etc.):											
EMPLOYMENT (List Most Recent Employer First) Dates of Employment	Computer systems/software with which you are experienced (Microsoft Word, Excel, WordPerfect, etc.):											
Clist Most Recent Employer First) Employer's Name Your Title	List other job-related skills you have (shorthand, dictation, etc.):											
Employer's Name												
Supervisor's Name/Title Duties												
Nonth Year Street Address												
Street Address				Month	Year	Superv	isor's Nam	ie/Title	Duties			
Dates of Employment	From						Address					
Dates of Employment	То					City		State	Zip	Employer	's Phone Numb	per
Dates of Employment		☐ Full	Time	☐ Part tim	e	Reasor	n for leavin	g				
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Street Address City State Zip Employer's Phone Number						Superv	isor's Nam	ie/Title				Duties
To City State Zip Employer's Phone Number Check	From	Month Year										
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An AA/EEO Employer 09/08/11