TOUGALOO COLLEGE
Human Resource Department
Mailing Address: 500 West County Line Road * Tougaloo, MS 39174

APPLICATION OF EMPLOYMENT

(An Affirmative Action/Title IX/Section 504 Employer)

PLEASE READ CAREFULLY

All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not indicate that there are positions open and does not obligate you or this institution. Your application will remain under active status for **thirty days** (30) from the date it is filed. It will then become inactive unless you notify the Personnel Office that you want to remain under consideration.

Please Print in Ink

PERSONAL AND GENERAL HISTORY

Name _____ **Date** _____
Last **First** **Middle**

Address _____ **Phone** _____
Street **City** **State** **Zip Code**

Position(s) applying for _____ **Full-time ( )** **Part-time ( )**

Other positions or types of work for which you feel you are qualified _____

If desiring part-time work, days and hours available _____

Salary requirement_____ **Date available to begin work** _____

Social Security Number _____ **Are you a U.S. Citizen? Yes ( )** **No ( )**

If no, do you have a visa which allows employment? Yes ( ) **No ( )**

If you are under 18 or over 70 years old, please complete: Date of Birth _____
Month **Date** **Year**

Other contact for messages: **Name** _____ **Phone** _____

In the event of emergency notify: **Name** _____ **Phone** _____

Address _____
Street **City** **State** **Zip Code**

Have you ever applied at this office before? Yes ( ) **No ( )** **If so, when:** _____

Number of days lost during the last year due to your own illness: _____

Physician _____ **If over 10 days lost, please explain:** _____

_____

It is the policy of Tougaloo College to employ only the best qualified individuals available for all jobs without regard to race, color, religion, sex, age, national origin, sexual orientation, disability, citizenship, veteran status, genetic information, or gender identity in its programs and activities as required by Title IX of the Educational Amendments of 1972, the American with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college practices. The College prohibits sexual harassment, including sexual violence.

Inquiries and complaints of violation concerning this policy should be directed to the Human Resource Department.

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 (Grade School or High School) 1 2 3 4 5 6+ (College)

List all schools attended: high school, technical/vocational, college, business, military, etc.

School(s)	Dates Attended	Did You Graduate	Certificate or Degree Received	Major Subject(s)
Name_____ Address_____	From_____ To_____	Yes ( ) No ( )		
Name_____ Address_____	From_____ To_____	Yes ( ) No ( )		
Name_____ Address_____	From_____ To_____	Yes ( ) No ( )		
Name_____ Address_____	From_____ To_____	Yes ( ) No ( )		
Name_____ Address_____	From_____ To_____	Yes ( ) No ( )		

SPECIALIZED TRAINING/SKILLS

List all current licenses and/or areas of certification (if not indicated above) _____

_____

List all equipment (office, trade, or laboratory that you operate proficiently_____

_____

List any other training, skills, aptitudes, and qualifications which you feel are relevant to the type of employment you are seeking at Tougaloo College_____

MILITARY RECORD

Have you ever served in the armed forces? Yes ( ) No ( )

If yes, what branch? _____

Dates of active service. From_____/_____/_____ To _____/_____/_____
Month Day Year Month Day Year

Rank at discharge _____

EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last ten years or from the time you left school. (Please add a supplementary sheet if additional space is required.)

Name of Employer	**Address**		**Phone**
Employed (Month/Year) **From To**	**Salary-Starting**	**Salary-Ending or Present**	**Name of Supervisor**
Job Title and Duties_____		**Reason for Leaving**	
Name of Employer	**Address**		**Phone**
Employed (Month/Year) **From To**	**Salary-Starting**	**Salary-Ending or Present**	**Name of Supervisor**
Job Title and Duties_____		**Reason for Leaving**	
Name of Employer	**Address**		**Phone**
Employed (Month/Year) **From To**	**Salary-Starting**	**Salary-Ending or Present**	**Name of Supervisor**
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Job Title and Duties_____		**Reason for Leaving**	

If currently employed, may your employer be contacted at this time for a reference? Yes ( ) No ( )
Have you ever held a supervisory position? Yes ( ) No ( ) If yes, where? _____
Number of employees supervised? _____.

Have you ever been known by any other name(s) which the College will require to verify any of the information contained in this application? Yes ( ) No ( ) If yes, give name(s) and identify the related school employer, etc. _____

Have you ever been employed by Tougaloo College or any other (Mississippi) Institution? Yes ( ) No ( )
If yes, please complete:
Name of institution/campus or agency_____Department_____
Supervisor _____Employed From _____ To _____

Does this College now employ any of your relatives: Yes ( ) No ( ) If yes, please state:

Name_____Department_____Relationship_____

How were you referred to the Personnel Office?
( ) Voluntary ( ) State Employment Office ( ) Tougaloo College Employee _____
( ) Want Ad ( ) Private Employment Agency ( ) Other _____

Have you ever been convicted of an offense other than a minor traffic violation? Yes ( ) No ( )
If yes, state date, place, and nature of each conviction _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by Tougaloo College.

I understand and agree that all information furnished in this application may be verified by Tougaloo College. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Tougaloo College all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and Tougaloo College from any liability for any claim or damage which may result.

Signature _____Date _____

PLEASE DO NOT WRITE BELOW THIS LINE - TURN TO BACK PAGE

Typing test: _____Wpm_____Errors Interviewer's Comments: _____

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