



MISSISSIPPI DEPARTMENT OF CORRECTIONS

APPLICATION FOR CONTRACTUAL EMPLOYMENT

Return Completed Application to:
Personnel Services Division
633 N. State Street
Jackson, MS 39202

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

DATE:

Name _____
Last First Middle Social Security Number

Sex _____ Male _____ Female _____
Month and Date of Birth _____

Present Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Telephone _____ E-mail _____
Home Cell Address

EMPLOYMENT DESIRED

Position _____ Date available _____

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

Have you ever applied or worked for this company? Yes No Where? _____ When? _____

EDUCATION (List your educational background below).

| Type of School | Name & Location of School | Did you Graduate? Enter Month/Year | Area of Studies |
|--------------------------------------|---------------------------|--|-----------------|
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No From: To: | |
| College | | <input type="checkbox"/> Yes <input type="checkbox"/> No From: To: | |
| Trade, Business or Correspondence | | <input type="checkbox"/> Yes <input type="checkbox"/> No From: To: | |

JOB HISTORY (List the last 3 employers or last 5 years of employment, starting with the most recent).

| Title of Position: List Month/Year | Name, Address & Telephone Number of Employer | Salary | List Description of Job Duties/Skills | Reason for Leaving |
|---------------------------------------|---|--------|--|-----------------------|
| Position: From: To: | | | | |
| Position: From: To: | | | | |
| Position: From: To: | | | | |

REFERENCES (List below 3 persons, not related to you, whom you have known at least one year).

| Name | Address | Phone Number | Years Known |
|------|---------|--------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, handicap or national origin.

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Qualified Position(s) _____ Department/Division Referred _____

Applicant's skills/abilities _____ Supervisor _____

Computer Software Skills

- Word 2003 Word 2007 Word 2010
- Excel
- Power point
- Other _____

Personnel Staff _____

Date _____



**MISSISSIPPI DEPARTMENT OF CORRECTIONS
APPLICANT RELEASE OF INFORMATION**

To Whom It May Concern:

The Mississippi Department of Corrections will conduct a background investigation to verify information that you have provided in conjunction with your application for employment. **This information will be used every five years to conduct a criminal background review. In order to conduct the investigation, the following information is required.**

Social Security #: _____ Date of Birth: _____ Race: _____ Sex: _____
Driver's License Number: _____ State Issued: _____
Current Address: _____
Street Apt # City
State Zip Code

Have you ever been arrested and/or convicted of a crime?

Yes _____ No _____ If yes: Date: _____

Charge: _____ City: _____ State: _____

Have you ever been associated with a street gang? Yes No If yes, what gang? _____

Do you have any tattoos on your body? Yes No If yes, what does it stand for? _____

In order that the investigation can be completed, I hereby authorize the Mississippi Department of Corrections and any of its authorized employees to receive and collect information from any previous employer, law enforcement agency, educational institution, or persons named by me as references.

Applicant (Print) Name Applicant Signature Date

**If you are applying for employment at a Community Facility, list which one:
CWC/Restitution Center _____**