

Mississippi Public Health Institute Consultant Application

Your Contact Information

First Name

Last Name

E-mail Address

Phone

Have you ever worked for MSPHI before? _____yes _____no
If yes, please include the dates for consulting.

Availability

Are you legally able to be employed in this country? _____ yes _____no

(If hired, verification will be required by law)

Are you legally able to be employed in this country? _____ yes _____ no
(If hired, verification will be required by law)

What type of employment are you seeking?

full-time

part-time

temporary

Total available hours per week.

Are available hours flexible? _____ yes _____ no

If not, please indicate times for available hours.

Date available to start work.

Additional Information Required

List any professional, business or trade organizations of which you are a member.

Are you related to anyone that currently works for MSPHI for is a member of MSPHI's board of directors? _____ yes _____ no

If yes, please name that person.

Are you under any obligation to your present or a previous employer through an invention, noncompete or secrecy agreement which would restrict your employment by MSPHI?
_____ yes _____ no

If yes, please explain.

What are your salary requirements?

Are you willing to relocate? _____ yes _____ no

Education

List all academic institutions attended beginning with the last institution attended.

School/Institution

Location

Course of Study

Did you graduate? _____ yes _____ no

Degree

Last year completed.

School/Institution

Location

Course of Study

Did you graduate? _____yes _____ no

Degree

Last year completed

School/Institution

Location

Course of Study

Did you graduate? _____yes _____ no

Degree

Last year completed

School/Institution

Location

Course of Study

Did you graduate? _____yes _____ no

Degree

Last year completed

Do you hold any additional certifications or licenses? If yes, please list along with certification/ license number.

Employment History

Company Name

Company Phone

Company Address

Supervisor's Name and Title

Start Date _____

End Date _____

Present

Responsibilities, skills and knowledge acquired.

May we contact for a reference? _____ yes _____ no

Company Name

Company Phone

Company Address

Supervisor's Name and Title

Start Date _____

End Date _____

Present

Responsibilities, skills and knowledge acquired.

May we contact for a reference? _____ yes _____ no

Company Name

Company Phone

Company Address

Supervisor's Name and Title

Start Date _____

End Date _____

Present

Responsibilities, skills and knowledge acquired.

May we contact for a reference? _____ yes _____ no

References (Please list 2 business references and 1 personal reference.)

First Name

Last Name

E-mail Address

Phone

How do you know this person?

How long has this person known you?

What type of reference is this?

Business

Personal

First Name

Last Name

E-mail Address

Phone

How do you know this person?

How long has this person known you?

What type of reference is this?

Business

Personal

First Name

Last Name

E-mail Address

Phone

How do you know this person?

How long has this person known you?

What type of reference is this?

Business

Personal

Applicant Agreement

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate MSPHI to hire me or offer me a contract. MSPHI is an equal opportunity employer and selects individuals best matched for the job based upon job-related qualifications and experience regardless of race, color, religion, sex, sexual orientation, national origin, disability, age, marital status, citizenship status or veteran status. I understand that MSPHI uses E-verify to verify employment eligibility in the United States. I understand that employment and compensation can be terminated with or without cause or notice at any time at the option of MSPHI and that no manager or director has any authority to enter into any oral agreement for employment for any specified period of time or to make any agreement.

Name: _____
(Signature)

Date: _____