



# FACILITIES TEAM EMPLOYMENT APPLICATION

Mississippi State University is an Equal Opportunity/Affirmative Action Employer.

**\* PLEASE NOTE: APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COVER LETTER, RESUME AND CLASS SCHEDULE ATTACHED \***

## CONTACT INFORMATION

Name: \_\_\_\_\_ Net-ID: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Local Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## GENERAL INFORMATION

Are you a current student of Mississippi State University? (circle one) YES / NO  
Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_ Overall Grade Point Average: \_\_\_\_\_  
Current classification (circle one): FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE STUDENT  
Have you been awarded College Work Study? (circle one) YES / NO If YES, what amount? \_\_\_\_\_  
Are you presently employed on campus? (circle one) YES / NO  
Are you simultaneously applying for other positions with Recreational Sports? (circle one) YES / NO Position(s): \_\_\_\_\_

**ARE YOU CPR AND FIRST AID CERTIFIED?** CPR (circle one) YES / NO Expiration: \_\_\_\_\_ **FIRST AID** (circle one) YES / NO Expiration: \_\_\_\_\_

## EMPLOYMENT REFERENCES

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
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**PLEASE IDENTIFY ONE UNIQUE CHARACTERISTIC YOU COULD BRING TO THE FACILITIES STAFF.**

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*I believe and understand that the aforementioned information is true to the best of my knowledge and that any false or misleading information is sufficient grounds for disqualification of this application or termination of employment.*

Signature \_\_\_\_\_ Date \_\_\_\_\_