



**South Mississippi Housing and Development Corporation (SMHD)
Employment Application**

Type or print clearly in blue or black ink. Read instructions for each section carefully and answer each question completely. All applications must be returned to the Human Resources Department. See page 3 for additional important information.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of driving under the influence (DUI)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Driver's License Number	Issuing State		

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Provide information for your past and current employers starting with the most recent.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

INDICATE IF YOU HAVE THE FOLLOWING SKILLS

Typing (WPM speed)

Software Word Excel Power Point Access Other (list)

LIST ANY CURRENT PROFESSIONAL LICENSURES/CERTIFICATIONS RELEVANT TO POSITION APPLIED FOR

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of any and all information given as deemed necessary by SMHD in arriving at an employment decision. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I recognize that it is the intent of SMHD to protect employees and the general public by providing a drug-free workplace. I understand that in the event of employment I will be required to successfully pass a drug test and background check.

I acknowledge that I have read and understand the statements above and the statements listed in the below section of this application.

Signature

Date

IMPORTANT INFORMATION

Thank you for your interest in employment with the South Mississippi Housing and Development Corporation. Unless otherwise stated, all vacant employment opportunities will remain open until filled. If a closing date is listed, applications must be received by 4:00 p.m. on the specified date.

You may submit this application to the SMHD Human Resources Department by mail or email.

Mailing Address: P.O. Box 2099, Gulfport, MS 39505-2099 **Email Address:** hr@smhd.org

Resumes are not required but may supplement the information listed on your application. Do not submit your resume in lieu of an application. Your application must be on file to be considered for a position. Any section of the application left blank or marked "see resume" is considered incomplete.

The interview and selection process takes a minimum of 3-4 weeks; however, some positions may take longer. Only applicants of interest will be contacted by the Human Resources Department.

SMHD complies with E-Verify, an internet based system operated by the Department of Homeland Security in partnership with the Social Security Administration that allows participating employers to electronically verify the employment eligibility of their newly hired employees.

SMHD is an Equal Opportunity Employer and will fill positions without regard to age, race, religion, national origin, color, sex, marital status or disability.