**Contract Job descriptions**

Please note that contract positions may be established for up to 20 hours of work per week.

These positions do not receive employment benefits such as medical insurance, personal leave, sick leave, or retirement with the state of Mississippi.

A background check is required of all school employees, full or part-time.

**Residential Life (Questions – Suzanne Noble email** suzanne.noble@msabrookhaven.org)

Up to 20 hour position – 10 months per year

Residence Life Night Nurse will have shift work on nights and/or weekends with a set schedule that is mutually agreeable. They will work with students to oversee the self-administration of medicines, assist with students basic medical needs, and document all actions. This position reports to the Residential Life Director and works in tandem with the School Nurse. Hourly pay is based upon experience and responsibilities ($20-$25 per hour). Minimum qualifications: Licensed RN preferred, LPN or other related certification in medical field.

**Selection Criteria for all positions:**

* Level of education and experience
* Knowledge of related area of expertise
* Prior experience
* Availability

**Service Providers – Contract Employment**

Please return to the Mississippi School of the Arts, PO Box 229, Brookhaven, MS 39602-0229.

Name

First Middle Last

Mailing Address

Street or PO Box

City State Zip

Home Phone Alternate Phone

Email Date of Birth

I am interested in applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Communication:

□ Email

□ Phone

□ Mail

If I am not hired for the open positions, I would like to be placed in a Pool of Service Providers

to be called upon at a later date, if a position is available. Yes No

Highest Level of Education (circle one):

GED High School Bachelor Master Specialist Doctorate

**High School/College/University Education**

|  |  |
| --- | --- |
| School name | Degree Received |
| Dates Attended | Did you graduate?Yes No | # of Units Completed |
| School Location (City/State) | Major |
|  |
| School name | Degree Received |
| Dates Attended | Did you graduate?Yes No | # of Units Completed |
| School Location (City/State) | Major |

**Certificates & Licenses**

|  |  |  |
| --- | --- | --- |
| Type | Date Issues (Month/Year) | Expiration Date (Month/Year) |
| License Number | Issuing Agency | Specialization |
|  |
| Type | Date Issues (Month/Year) | Expiration Date (Month/Year) |
| License Number | Issuing Agency | Specialization |
|  |
| Type | Date Issues (Month/Year) | Expiration Date (Month/Year) |
| License Number*A State Residential School of the Visual and Performing Arts Operated by the Mississippi Department of Education.* | Issuing Agency | Specialization |

Are you willing to work shift work, weekends, and/or night work? Yes No

Have you ever been convicted of a crime? Yes No

Have you been separated within the last 12 months from the state of Mississippi due to a reduction in force (RIF)? Yes No

If yes, what was your previous agency/title/date of RIF?

**Work History (add pages as needed for more work experience)**

|  |  |  |
| --- | --- | --- |
| Dates | Employer | Position Title |
| Address, City, State |
| Phone Number | Supervisor (Name & Title) |
| Hours Per week | Salary | May we contact this employer?Yes No |
| Duties |
|  |
| Dates | Employer | Position Title |
| Address, City, State |
| Phone Number | Supervisor (Name & Title) |
| Hours Per week | Salary | May we contact this employer?Yes No |
| Duties |

**Work History**

|  |  |  |
| --- | --- | --- |
| Dates | Employer | Position Title |
| Address, City, State |
| Phone Number | Supervisor (Name & Title) |
| Hours Per week | Salary | May we contact this employer?Yes No |
| Duties |

**References (with knowledge of your work and work ethic)**

|  |  |
| --- | --- |
| Name | Phone Number |
| Mailing Address  | How long have they known you (in years)? |
| How do they know you? |
|  |
| Name | Phone Number |
| Mailing Address  | How long have they known you (in years)? |
| How do they know you? |
|  |
| Name | Phone Number |
| Mailing Address  | How long have they known you (in years)? |
| How do they know you? |

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi School of the Arts. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibility, and/or dismissal from service. I understand that, as a condition of employment, I will be required to present documentation with verified both my identity and my employment eligibility pursuant to federal immigration law.

X

Signature of applicant Date