



Institute of Community Services, Inc.

P.O. Box 160 / 160 W. Valley Ave.
Holly Springs, MS 38635
Ph: (662) 252-1582, Fax: (662) 252-1860
Eloise McClinton, Executive Director

Application for Employment

Please submit all applications to Human Resources Director Wanda Kizer

Application will remain on file one year from date of application.

(PLEASE TYPE OR PRINT)

Date of Application: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Info:(home) _____ (cell) _____ (alt) _____

Position Applying for: _____ Location: _____

Do you have an alternate preference for location of work? _____ If yes, please designate choices: _____, _____

Are you a current or former Head Start parent? _____

If employed, when would you be available for work? _____

Will you accept temporary employment? _____ Yes _____ No

Are you willing to travel? _____ Some _____ Occasionally _____ Frequently
_____ Not at all

_____ Yes _____ No

Are you authorized to work in the United States?

_____ Yes _____ No

Have you ever been employed previously by ICS, Inc.? If so, when?

_____ Yes _____ No

Are you the spouse and/or dependent of any person currently serving as a member of the Policy Council or Board?

_____ Yes _____ No

Are any members of your immediate family or household presently employed with ICS, Inc.

_____ Yes _____ No

Have you ever been convicted of a felony?

_____ Yes _____ No

Have you ever been discharged from any position?

Comments on any of the 'yes' responses above:

ICS, Inc. offers employment opportunities to all persons without discrimination in regard to race, sex, religion, disability, citizenship, color or national origin.



EDUCATION

Circle highest grade completed in school – 1 2 3 4 5 6 7 8 9 10 11 12

Graduate? ____ Yes ____ No GED: ____ Yes ____ No

Name of last school attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Enter information on college or universities attended:

Name of Institution: _____

Address: _____

Dates Attended: _____ Degree Earned: _____

Major/Minor: _____

Name of Institution: _____

Address: _____

Dates Attended: _____ Degree Earned: _____

Major/Minor: _____

Name of Institution: _____

Address: _____

Dates Attended: _____ Degree Earned: _____

Major/Minor: _____

Courses taken which are especially applicable to the position applied for:

Volunteer or Community Work: (Please list any and all work you have done for residents of local communities, on a volunteer basis, which may have a relationship to the child development or community assistance program of ICS.)

Organization Dates Nature of Volunteer Work



WORK EXPERIENCE

(begin with most recent employer first)

Hire Dates: From _____ To _____
Name of Employer: _____
Address: _____ City _____ State _____
Supervisor's Name: _____ Telephone: _____
Job Title: _____
Job Responsibilities: _____
Reason for Leaving: _____

Hire Dates: From _____ To _____
Name of Employer: _____
Address: _____ City _____ State _____
Supervisor's Name: _____ Telephone: _____
Job Title: _____
Job Responsibilities: _____
Reason for Leaving: _____

Hire Dates: From _____ To _____
Name of Employer: _____
Address: _____ City _____ State _____
Supervisor's Name: _____ Telephone: _____
Job Title: _____
Job Responsibilities: _____
Reason for Leaving: _____

Hire Dates: From _____ To _____
Name of Employer: _____
Address: _____ City _____ State _____
Supervisor's Name: _____ Telephone: _____
Job Title: _____
Job Responsibilities: _____
Reason for leaving: _____



REFERENCES

List 3 persons who are NOT related to you and have definite knowledge of your qualifications and fitness for the position applied.

Name: _____ Yrs Known: _____

Occupation: _____ Phone: _____

Name: _____ Yrs Known: _____

Occupation: _____ Phone: _____

Name: _____ Yrs Known: _____

Occupation: _____ Phone: _____

I certify that all of the foregoing statements are true, complete and correct to the best of my knowledge and belief, in consideration of the employment sought, I authorize ICS to contact previous employers for the last five years, to secure recommendations with regard to any past or present criminal records or mental or physical conditions which would adversely affect my capability to work with or provide care for children. I release them from any and all liabilities or damages because of furnishing such information. I understand that misrepresentation or omission of facts is cause for rejection or dismissal.

Signature: _____ Date: _____

"ICS, Inc. is a drug-free workplace"