

Mississippi Valley State University
 An Equal Opportunity Employer and Educator
DEPARTMENT OF HUMAN RESOURCES
 MVSU 7260 – 14000 HWY 82 WEST - ITTA BENA, MS 38941

INTERNAL TRANSFER / PROMOTION APPLICATION

If you are an individual with a disability and need reasonable accommodation to participate in the hiring process, please contact the Human Resources Department at 662-254-3531

PLEASE NOTE: APPLICANTS MUST COMPLETE THE FOLLOWING QUESTIONS COMPLETELY, AND ATTACH A RESUME

Please Type or Print Neatly.

APPLICATION DATE: _____

POSITION APPLYING FOR: _____

DEPARTMENT: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Home Phone: () _____ Campus Phone: () _____ Email Address: _____

MVSU EMPLOYMENT INFORMATION

Current Position: _____ Department: _____ Start Date: ____/____/____ Current Pay: _____

Previous Position: _____ Department: _____ Dates: From ____/____/____ to ____/____/____

Home Phone: () _____ Campus Phone: () _____ Email Address: _____

EDUCATIONAL INFORMATION

Highest Level of Education Completed: High School Diploma GED Vocational/Technical Certification Associate Degree
 Bachelors Degree Masters Degree Doctoral Degree

Major Field of Study: _____ Date Degree Confirmed: ____/____/____

Are you currently registered to attend classes at MVSU? Yes No If yes, number of hours enrolled? _____ Days/Times _____

Are you currently registered to attend classes at another Institution? Yes No If yes, number of hours enrolled? _____ Days/Times _____

Have you obtained a professional certification or a degree since your original hire date? Yes No Date Degree Confirmed: ____/____/____

If so, please indicate degree and/ or certification. _____

CONDITIONS OF CONTINUED EMPLOYMENT

In submitting this application, I understand that false statements will disqualify me from employment or cause my subsequent dismissal. I also understand that an extended background investigation may be required for certain positions. If selected, I understand that it is my responsibility to arrange an agreeable start date between my current and new supervisor.

Signature of Applicant _____ Employee ID# _____ Date _____

REQUIRED SIGNATURES

_____/_____/_____
 Director of Human Resources Date