APPLICATION PROCEDURES

TO BE CONSIDERED FOR A POSITION WITH THE COUNCIL OF COMMUNITY ORGANIZATIONS OF OKTIBBEHA COUNTY, INC. AN APPLICANT MUST DO THE FOLLOWING:

- COMPLETE AN APPLICATION
- BACKGROUND CHECK
- THREE LETTERS OF REFERENCE
- COPIES OF NECESSARY DOCUMETS LISTED IN APPLICATION

COUNCIL OF COMMUNITY ORGANIZATIONS OF OKTIBBEHA COUNTY, INC. P. O. BOX 152 STARKVILLE, MS 39760

APPLICATION

POSITION APPLYIN	Date of Application					
Name						
Last		First		M		
Address						
Street no.		city		state	zip	
Telephone Number		Social Security Number				
Driver's License Number		Are you a citizen of U.S? yesno				
Have you ever been con Yes No If Yes					n traffic rules?	
	EC	UCATION PREP	ARATION			
Secondary school Business or university	City, State	Year Attended	Major I	Degree	and Date	
		EXPERIENC	E			
Name of school/	Type of	Dates	Total	Reason for		
Business and address	Position	From to	Years	Leaving		

Present Position	es No If Yes, Where? Have you ever been asked to resign, been discharged, ob? If Yes, explain
Are you a member of COCO? You	es NO
	REFERENCE
Name	Address
Title	Telephone Number
Name	Address
Title	Telephone Number
Name	Address
Title	Telephone Number

Date:_

Signature:_

The council of Community Organizations of Oktibbeha County, Inc. does not discriminate on the basis of race, sex, national origin, or disability, and is an Equal Opportunity Employer.