

CALHOUN COUNTY SCHOOL DISTRICT

119 W. MAIN  
PITTSBORO, MISSISSIPPI 38951  
Telephone 662-412-3152

**EMPLOYMENT APPLICATION**

Date  
\_\_\_\_\_

<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Cafeteria Supervisor	<input type="checkbox"/> Maintenance Supervisor
<input type="checkbox"/> Teacher Aide	<input type="checkbox"/> Cafeteria Manager	<input type="checkbox"/> Maintenance Worker
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Cafeteria Worker	<input type="checkbox"/> Custodian
<input type="checkbox"/> Secretary	<input type="checkbox"/> Clerk	<input type="checkbox"/> Other _____ (Specify)
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Assistant Teacher (Requires AA degree or 48 college hours or passing score on Work Keys)	

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
UNTIL \_\_\_\_\_  
DATE AREA CODE TELEPHONE

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
AREA CODE TELEPHONE

**EDUCATION (circle one or more)**

High School Years Completed	1	2	3	College Years Completed	1	2	3	G.E.D. Yes	No	Degree(s) B.S.	B.A.	Master's
	3	4			4	5						

Do you hold a Mississippi Teacher Certificate? Yes No  
Endorsements \_\_\_\_\_  
(Class) (Type) Major Teaching Areas

Do You Hold These Certificates? (circle one) Valid Period  
From To  
School Bus Driver Certificate Yes No \_\_\_\_\_  
School Food Service Supervisor Certificate Yes No \_\_\_\_\_  
School Food Service Manager Certificate Yes No \_\_\_\_\_

Have you previously been employed by Calhoun County Schools? Yes No

Are you presently employed? Yes / No (Present employer may be contacted as reference? Yes / No)  
If yes, with whom? \_\_\_\_\_ Type of work \_\_\_\_\_

List the office machines you are able to operate and describe your computer skills: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

List School in which you are applying for employment (1st, 2nd, and 3rd choice)

BRUCE \_\_\_\_\_ CALHOUN CITY \_\_\_\_\_ VARDAMAN \_\_\_\_\_

Calhoun County School District does not discriminate on the basis of sex, race, religion, color, national origin, age or handicap.

Include High School, College, Graduate, Post Graduate Work in Order Taken	Dates Attended Month - Year	Degree Received	Major Subject	Sem. Hrs. in Major	Minor Subject	Sem. Hrs. in Minor
_____	From _____ 19 ____ To _____ 19 ____					
_____	From _____ 19 ____ To _____ 19 ____					
_____	From _____ 19 ____ To _____ 19 ____					

### EXPERIENCE

Name and Complete Address of Employer	Period of Service Exact Month, Year	No. of Months	Position	Reason for Leaving
_____	From _____ 19 ____ To _____ 19 ____			
_____	From _____ 19 ____ To _____ 19 ____			
_____	From _____ 19 ____ To _____ 19 ____			

Have you ever been asked to resign, been discharged, or failed to be reemployed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details \_\_\_\_\_

Have you ever been convicted of an offense other than a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
List any additional information you wish to submit \_\_\_\_\_

### REFERENCES

List the name, position, and address of four (4) individuals as your references. Include supervisors under whom you have worked.  
Please do not list relatives as references.

NAME	OFFICIAL POSITION	ADDRESS (STREET, CITY, STATE & ZIP)	PHONE NUMBER

**READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT:**

By my signature, I attest that the information contained in this application is true and represents me accurately. I authorize the above references to be contacted and employment history to be checked. I agree to a criminal background check and understand that this criminal background check of all new employees is performed at the employee's expense. If employed, I agree to abide by all policies approved by the School Board and will cooperate fully with inservice programs for improvement. I understand that this application will remain in the active file for a period of one year and will then be classified as inactive unless I notify the Superintendent's office in writing to keep the application current. I am aware that the facilities of Calhoun County School District are smoke/tobacco free. I am aware that positions covered by this application are deemed at-will.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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