

**ENTERPRISE SCHOOL DISTRICT**

Enterprise School District - 503 River Road, Enterprise, MS 39330

**Attention:** \_\_\_\_\_ **Telephone (601) 659-7965 FAX (601) 659-3254**

**APPLICATION FOR EMPLOYMENT**

The Enterprise School District does not discriminate on the basis of race, color, national origin, age religion, political affiliation, disabilities or sex in its educational programs or employment. No person shall be denied employment solely because of an impairment which is unrelated to the ability to engage in activities involved in the position or program for which application is being made.

Applicant's Full Name \_\_\_\_\_  
(Last) (First) (MI) (Maiden Name)

Other Names(s) \_\_\_\_\_  
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers  
Present: \_\_\_\_\_ Permanent: \_\_\_\_\_ Work: \_\_\_\_\_

Social Security Number \_\_\_\_\_

My signature below authorizes the Enterprise School District conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any of such information, and without limitation hereby release the Enterprise School District and the reference source from any liability in connection with its release to use. This release includes the sources cited above and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

I further agree that should I be required by the Enterprise School District or any of its duly authorized representatives to submit to an alcohol or substance use test that the results of the test shall be a factor in determining my suitability for the person for which I have applied.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**MARK THE APPROPRIATE BOXES: INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New Application              | <input type="checkbox"/> Administrator | <input type="checkbox"/> Teacher       |
| <input type="checkbox"/> Previous Application on File | <input type="checkbox"/> Supervisor    | <input type="checkbox"/> Guidance      |
| <input type="checkbox"/> Former Employee              | <input type="checkbox"/> Psychologist  | <input type="checkbox"/> Library/Media |
|   | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other _____   |

\_\_\_\_\_  
(Position Held) (Dates Employed)

Are you a U.S. Citizen?  Yes  No

List grade level(s) and/or subject area(s) in order of preference:

If not, are you eligible to work in the U.S.?

\_\_\_\_\_

Yes  No

\_\_\_\_\_

**I. EDUCATIONAL AND PROFESSIONAL TRAINING (List Chronologically)**

Level of Education	Name	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance From.....To.

**II. STUDENT TEACHING OR INTERN EXPERIENCE (List Chronologically and include internship.)**

Name of School	School Division City/County	State	Grade Level and/or Subject	Date	Type Degree

**III. TEACHING EXPERIENCE (List Chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.)**

Name of School	School Division City/County	State	Phone Number	Position Held Grades and/or Subjects taught	Dates	Total Years	Full Time	Part Time

Attach separate sheet for additional teaching experiences.

**IV. WORK EXPERIENCE OTHER THAN TEACHING (List Chronologically and attach a sheet if necessary)**

Employer	City/County	State	Phone Number	Kind of Work	Dates of Employment

**V. MILITARY EXPERIENCE (List Chronologically and attach a sheet if necessary)**

Branch of Service	Occupational Specialist	Inclusive Dates	Type of Discharge

**VI. LICENSURE**

If you have been issued a Mississippi License, **please submit a photocopy** / copy enclosed: ( ) Yes ( ) No

Type of Mississippi License \_\_\_\_\_ Endorsement(s) \_\_\_\_\_

Have you applied for a Mississippi License?

( ) Yes ( ) No When \_\_\_\_\_

A. Have you taken the examinations required for licensure (NTE; PRAXIS)? ( ) Yes ( ) No

If yes, **please submit a copy** of your scores.

B. Please **provide a copy** of your transcript ( does not have to be official).

**VII. GENERAL INFORMATION**

Month, Day and Year available for employment \_\_\_\_\_ Are you under contract? ( ) Yes ( ) No

If yes, where? \_\_\_\_\_ Present position? \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

Referral Source: ( ) Advertising/Posting ( ) Employee ( ) Friend ( ) Other (Explain) \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? (If yes, explain on back).....( ) Yes ( ) No

Have you ever been refused a continuing contract? (If yes, explain on back).....( ) Yes ( ) No

Have you ever been convicted of a violation of law other than a traffic violation? (If yes, explain on back)..... ( ) Yes ( ) No

Have you ever had a certificate or license revoked or suspended? (If yes, explain on back) .....( ) Yes ( ) No

Are any criminal charges or proceedings pending against you? (If yes, explain on back)..... ( ) Yes ( ) No

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?

(If yes, explain on back).....( ) Yes ( ) No

**VIII. REFERENCES**

It is **the applicant’s responsibility** to have the following information provided in order for this application to be processed.

**NOTE:** Mark “**Hold**” in front of any reference whom you do not want us to contact at the present time. **Three of your references must be from persons having knowledge of your professional performance or teaching experience, and two references must be for personal character.**

Position	Name of Reference	Mailing Address	Zip	Phone & Fax Number

**IX. EXTRACURRICULAR ACTIVITIES**

Indicate the number of years experience in the activities listed below. **Circle activities you are willing to coach/sponsor.**

Extra Curricular Activities	High School Experience	College Experience	Work Experience	Extra Curricular Activities	High School Experiences	College Experiences	Work Experiences

**X. OTHER INFORMATION**

Estimate your total absence from work or school for the last three years and explain the reason(s) \_\_\_\_\_

\_\_\_\_\_

Give name, address, and phone number of person to notify in case of emergency \_\_\_\_\_

\_\_\_\_\_

In your own handwriting in the space provided, provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION VII  
GENERAL INFORMATION**

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