Enterprise SCHOOL DISTRICT 503 River Road

503 River Road Enterprise, Mississippi 39330 601-659-7604

EMPLOYMENT APPLICATION (Non-Certified Personnel)

ATE:				
AME:Last First		Middle		
		Wildle		
DRESS:Street	City	State	Zi	p Code
ea Code Telephone	Soc	ial Security Nu	mber	
		·		
Positions (check one or more) Substitute Teacher Teacher AssistantBookkeeperSecretaryBus DriverCustodian		Cafeteria Su Cafeteria Ma Cafeteria Wo Maintenance Maintenance Other	anager orker Supervisor	
at any skills∖training you may have or equipment tha	at you can ope	rate that may q	ualify you fo	r the posi
ich you are applying:				
e you willing to work extended hours (days or weeke	ends)?	(Yes)	_	(No)
e you able to do manual labor?	ı able to do manual labor?			(No)
avy Lifting		(Yes)		(No)
eed Eating		(Yes)		(No)
ck Up Grounds		(Yes)		(No)
			Valid I	Dariad
ou hold any of these License\Certificates?			From	To
Valid Driver's License	Yes			10
School Bus Driver's Certificate	Yes			
	res	INU		
School Food Service Supervisor Certificate	Yes	No		
School Food Service Manager Certificate				
	Yes	No		
HAVC Certified	Yes			
	100	2.0		

EDUCATION (circle one or more)

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. If employed, I aging all the policies approved by the School Board and will cooperate fully with in-service programs for improvement. I understan application will remain in the active file for a period of one year and will be classified as inactive unless I notify the personnel of	High School Years 1 2 Completed 3 4	College Years 1 Completed 4	2 3 5	GED Yes No		Degree(s) BS BA Master's
Are you presently employed? Yes No If yes, with whom?	Name & Location of High School/	Colleges Attended			Degree Receive	ed
Are you presently employed? Yes No ff yes, with whom?						
Are you presently employed? Yes No If yes, with whom?						
Are you presently employed?						
Are you presently employed? Yes No If yes, with whom? Date Available for employment: Name and Complete Address Of Period of Service Exact Position Reason for leaving the position From To From T	Have you previously been employed	by the Enterprise Sch	ool Distric	t?		
Date Available for employment: Date Available for employment:	Are you presently employed?			Yes	No	
Date Available for employment: Name and Complete Address Of Period of Service Exact Position Reason for leaving the Month, Year From To	If yes, with whom?	Yes No				
Employer Month, Year position						
From			Exact	Position		
From	Employer	From			posit	ion
Have you ever been asked to resign, been discharged, or failed to be re-employed? 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, which you wish to submit: REFERENCES: Name Official Position Address (Street, City, State & Phone # Zip) Applicant may be tested for illegal drugs Enterprise School District does not discriminate on the basis of sex, race, religion, color, national origin, age disability. 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. If employed, I age by all the policies approved by the School Board and will cooperate fully with in-service programs for improvement. I understan						
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writing to keep the application current.	Appl	licant may be te	sted for	illegal d		
Signature Date	Read Carefully and sign the following : By my signature I attest that the informat by all the policies approved by the Schoo application will remain in the active file f	statement: ion contained in this appl l Board and will coopera	lication is tru te fully with	ne and repressin-service pr	ents me accurately	. If employed, I agree to tement. I understand that