

Enterprise SCHOOL DISTRICT

503 River Road

Enterprise, Mississippi 39330

601-659-7604

EMPLOYMENT APPLICATION

(Non-Certified Personnel)

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip Code

(_____) _____
Area Code Telephone Social Security Number

Positions (check one or more)

- | | |
|---|---|
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Cafeteria Supervisor |
| <input type="checkbox"/> Teacher Assistant | <input type="checkbox"/> Cafeteria Manager |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Cafeteria Worker |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Maintenance Supervisor |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Maintenance Worker |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Other _____ |

List any skills/training you may have or equipment that you can operate that may qualify you for the position for which you are applying:

Are you willing to work extended hours (days or weekends)? (Yes) (No)

Are you able to do manual labor? (Yes) (No)

Heavy Lifting (Yes) (No)

Weed Eating (Yes) (No)

Pick Up Grounds (Yes) (No)

Do you hold any of these License\Certificates?	Valid Period			
	Yes	No	From	To
Valid Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
School Bus Driver's Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
School Food Service Supervisor Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
School Food Service Manager Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
HAVC Certified	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

EDUCATION (circle one or more)

High School Years Completed	1 2 3 4	College Years Completed	1 2 3 4 5	GED	Yes No	Diploma	Yes No	Degree(s)	BS BA Master's
Name & Location of High School/Colleges Attended			Dates Attended Month-Year		Degree Received				

Have you previously been employed by the Enterprise School District? _____
Yes No

Are you presently employed? _____
Yes No

If yes, with whom? _____

Date Available for employment: _____

Name and Complete Address Of Employer	Period of Service Exact Month, Year	Position	Reason for leaving this position
	From _____ To _____		
	From _____ To _____		
	From _____ To _____		

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 & Zip)	Phone #

Applicant may be tested for illegal drugs

Enterprise School District does not discriminate on the basis of sex, race, religion, color, national origin, age or 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 agree to abide by all the policies approved by the School Board and will cooperate fully with in-service programs for improvement. I understand that this application will remain in the active file for a period of one year and will be classified as inactive unless I notify the personnel office in writing to keep the application current.

Signature

Date