# Kemper County School District Post Office Box 219, 159 Main Avenue, DeKalb, MS 39328

## **NON-CERTIFIED APPLICATION**

Position applying for		Date of Application					
Name							
Last			First		Mi	Middle	
Address							
S	treet			City	State	ZIP	
Phone	one SSN			Driver's License #			
Were you previously emp	loyed by	us?	_ If yes, what	position and da	ates?	·	
Are there any other expensions with our district?					pecially fit you	for a position	
		RECORI	O OF EDUC	ATION			
High school, college and/ovocational certificate and			• •		•		
Name and Location of Hig	h Schoo	l					
Highest Grade Level Com	oleted	Ye	ear of Gradu	ation	GED _		
Training beyond high sch	ool (coll	ege or unive	ersitv. nursir	ng. business coll	ege. militarv.	vocational)	
Name & Location	001 (0011	Dates A	Attended	Major	Credits	Degree to	
		From	То	,	Earned	Date	
Personal References (oth	er than	relatives)					
Name	Address			Phone	Phone Number		

Ha	ve you ever been discharged or asked to resign from a position?	Yes No				
If yes, where? Reason						
Are you a U.S. citizen? Yes No						
Have you ever been convicted of a crime or any other violation other than traffic rules?						
If yes, please explain						
Employment History (list current position or last job held first) Attach additional sheet, if necessary.						
1	Company Name	Telephone				
	Address	Dates of Employment				
	Name of Supervisor	Salary				
	Position or describe your work	Reason for Leaving				
2	Company Name	Telephone				
	Address	Dates of Employment				
	Name of Supervisor	Salary				
	Position or describe your work	Reason for Leaving				
3	Company Name	Telephone				
	Address	Dates of Employment				
	Name of Supervisor	Salary				
	Position or describe your work	Reason for Leaving				
4	Company Name	Telephone				
	Address	Dates of Employment				
	Name of Supervisor	Salary				
	Position or describe your work	Reason for Leaving				

# PLEASE RETURN THIS FORM DIRECTLY TO: Kemper County School District, Office of Personnel Services Post Office Box 219, DeKalb, MS 39328

#### **Recommendation Release Authorization**

Company	
Address	<del>-</del>
I, the undersigned, request that the information solicited on the appreleased to the Kemper County School District. I understand and agreemented as confidential by the Kemper County School District and will than authorized personnel employed by the school district. No signathave the right to read this reference.	ree that this information will be I not be available to anyone other
Applicant's Signature	Date
Applicant's Reference Blank	
is applying for the position of	of
in the Kemper County School District and referred to you as one have qualifications. Please check the following factors for which you have to make an appraisal and add any supplementary comments which y frank estimate of the applicant's qualifications will be appreciated as	e adequate information on which you think are pertinent. Your

Factor to be Rated	Very High	High	Average	Low	Very Low
General intelligence					
2. Attendance record					
3. Reliability					
4. Cooperation & helpfulness					
5. Work habits attitude					
6. Attitude					
7. Good "common sense" judgment					
8. Adaptability to view ideas					
9. Open minded & receptive to suggestions					
OVERALL RATING					

Signature of person completing this report	
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## PERMISSION FOR BACKGROUND CHECK

Date	
I,	Child Abuse Central Registry, sing with children. I understand County School District. I further
Signature	_
Address	_
	_
	_
Social Security Number	_
Data of Pirth	