

# NESHOPA COUNTY SCHOOL DISTRICT



NON-INSTRUCTIONAL PERSONNEL  
EMPLOYMENT APPLICATION  
580 East Main Street  
Philadelphia, Mississippi 39350

<b>CHECK ONE OR MORE</b>		
<input type="checkbox"/> Teacher Substitute <input type="checkbox"/> Cafeteria Substitute <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Cafeteria Worker <input type="checkbox"/> Secretary/Clerk/Bookkeeper <input type="checkbox"/> Custodian <input type="checkbox"/> Bus Driver <input type="checkbox"/> Nurse	<input type="checkbox"/> Assistant Teacher <small>Attach 48hrs college credit or Work Keys Test for Asst. Teacher</small> <input type="checkbox"/> Maintenance <input type="checkbox"/> Other  <div style="text-align: right;">(Specify) _____</div>

**TODAY'S DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

**ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**TELEPHONE:** \_\_\_\_\_ **DATE AVAILABLE FOR EMPLOYMENT:** \_\_\_\_\_  
(Include the area code)

EDUCATION	NAME AND ADDRESS OF INSTITUTIONS	DATES ATTENDED	GRADUATED
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO
GED			<input type="checkbox"/> YES <input type="checkbox"/> NO
College			Years Completed (circle) 1 2 3 4 5
Degree(s) Earned			(circle) AA BA BS MASTER

**Do you hold these certificates?**

Mississippi Teaching Certificate:	_____ Yes	_____ No
School Bus Driver's Certificate:	_____ Yes	_____ No
School Food Service Supervisor's Certificate:	_____ Yes	_____ No
School Food Service Manager's Certificate	_____ Yes	_____ No
Have you previously been employed by Neshoba County School District	_____ Yes	_____ No
Are you Presently Employed	_____ Yes	_____ No
If Yes With Whom _____		
Are you eligible to work in the State of MS?	_____ Yes	_____ No

**Valid Period**

FROM \_\_\_\_\_ TO \_\_\_\_\_

Type of Work \_\_\_\_\_

"It is the policy of the Neshoba County School District not to discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, or disability in its educational programs or employment policies."

**PRESENT AND PAST EMPLOYMENT RECORD**

**(Start with present position; including student teaching if you've completed within the last five years)**

NAME and COMPLETE ADDRESS of EMPLOYER	TELEPHONE	DATE OF EMPLOYMENT	POSITION	REASON FOR LEAVING

**Have you ever been asked to resign, been discharged, or failed to be reemployed? \_\_\_\_\_ If yes, give details**

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**Have you ever been convicted of an offense other than a misdemeanor? \_\_\_\_\_ If yes, give details**

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**List three people who can comment on your personal and professional qualifications (or fitness) for this position. Do not list relatives as references.**

FULL NAME	COMPLETE ADDRESS	TITLE	TELEPHONE

**READ CAREFULLY**

I hereby release the Neshoba County School District or any correspondent in regard to my application from any and all liability for damages, or whatever nature, on account of furnishing information requested which is to be used in determining my fitness for the position for which I am making application.

I also agree that any letters sent in connection with my application are privileged, and the Neshoba County School District shall not be required to furnish me a copy of them nor shall any who send a letter to the Neshoba County School District in connection with my application be required to furnish a copy of their reply.

I hereby certify that the information included in this application, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause of disqualification of this application and records become property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment if I am employed by the District. I understand that this application will remain in the active file only 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.

If employed, I agree to abide by all the policies approved by the Board of Trustees and will cooperate fully with in-service programs for professional improvement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date