

**SMITH COUNTY SCHOOL DISTRICT**

P. O. BOX 308 • Raleigh, MS 39153

PHONE (601) 782-4296

\_\_\_\_\_  
Date of Today

POSITION DESIRED (Circle one or more)

TEACHER	COACH	COUNSELOR	COORDINATOR	ADMINISTRATOR
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NAME \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Street or Route City State Zip Code  
Until \_\_\_\_\_  
Date Area Code Phone Number

Permanent Address \_\_\_\_\_  
Street or Route City State Zip Code

\_\_\_\_\_  
Area Code Phone Number Social Security Number Number of Dependents

DEGREE(S)  BS  BA  MASTER'S  SPECIALIST  DOCTORATE

Major(s) \_\_\_\_\_

Do you hold a Mississippi Teaching Certificate?  Yes  No Expiration Date \_\_\_\_\_

If yes, list areas of endorsement: \_\_\_\_\_

If No, list requirements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONAL LEVEL DESIRED**

Indicate 1st and 2nd choice

_____	Kindergarten		
_____	Grades 1-3		
_____	Grades 4-6	Subject(s)_____	_____
_____	Grades 7-8	Subject(s)_____	_____
_____	Grades 9-12	Subject(s)_____	_____
_____	Special Education	Grade Level _____	<input type="checkbox"/> EMR <input type="checkbox"/> SLD <input type="checkbox"/> OTHER

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Place of Birth \_\_\_\_\_

Name of husband or wife \_\_\_\_\_ Occupation \_\_\_\_\_

Ages of Children \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
                  Street or Route                                   City                                   State

Condition of:   Health \_\_\_\_\_ Sight \_\_\_\_\_ Hearing \_\_\_\_\_

List physical defects, health problems, and any major illness within the last 5 years. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many days in the last twelve months have you lost from work? \_\_\_\_\_

Have you been previously employed by the Smith County Schools?    Yes    No

Date(s) \_\_\_\_\_

Do you have any relatives working in the Smith County Schools?    Yes    No

If yes, give name, relationship, and position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you presently under contract to any school system?  Yes  No. If Yes, give name  
of school system \_\_\_\_\_ until \_\_\_\_\_ Salary \_\_\_\_\_.

Have you ever been asked to resign, been discharged, or failed to be re-employed for a teaching position?

Yes  No. If Yes, give details \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

List professional organizations of which you are a member \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

List all community organizations in which you have participated within the past five years. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please Attach All Transcripts

Name and Complete Address of School System	Period of Service	Grade(s) and Subject Taught	Reason for Leaving
	From _____ To _____		
	From _____ To _____		
	From _____ To _____		

Experience Other Than Teaching (Begin with most recent)

Employer	City	State	Period of Service Exact Month, Year	Give Type Work	Give Reasons for Leaving This Position
			From _____ To _____		
			From _____ To _____		
			From _____ To _____		

REFERENCES:

List three or more individuals who are qualified to answer questions concerning your fitness for the position you seek. Include principals, supervisors and superintendents under whom you have taught school in addition to college professors and supervising teachers. Please do not list relatives as references.

Name	Official Position	Address	Telephone Number

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 Board of Education and will cooperate fully with inservice programs for professional improvement. I understand that this application will remain in the active file for a period of one year and then will be classified as inactive.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

THE SMITH COUNTY SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN, AGE OR HANDICAP.

**SMITH COUNTY SCHOOL DISTRICT**  
**P. O. Box 308**  
**Raleigh, MS 39153**

TO: Prospective Teaching Personnel

FROM: Superintendent of Education

Applicants should send each of the three (3) enclosed recommendation forms to the individuals listed as references on your application. The completed recommendation forms should be returned to the Superintendent of Education, Smith County School District. If you have a placement file at the college or university from which you graduated, please have it sent to the above address in addition to the reference forms provided in this application.

An official transcript of all college credit is a part of your personnel record and must be furnished as soon as possible. Please do not delay in returning your application if a college transcript cannot be furnished at this time, but request that it be sent as soon as possible. Transcripts must indicate that you have earned at least a bachelor's degree from an accredited institution of higher learning.

All applicants must secure a valid Mississippi Teaching Certificate at the elementary or secondary level with the proper teaching area endorsement. This may be obtained by writing the Office of Educator Licensure, State Department of Education, P. O. Box 771, Jackson, Mississippi 39205, or by calling (601) 359-3483.

A copy of your Mississippi teaching certificate(s) should accompany your application. Please have it sent as soon as possible. (Send only a copy, NOT the original.)

No application shall be considered or processed until all the required information has been received in the office of the Smith County Superintendent of Education.

If you become employed in another school system, please notify the Smith County School District in writing at the above address.

All applications will be classified as inactive after remaining in the current files for a period of one (1) year.

**Page 4 DRUG AND ALCOHOL TESTING POLICY**

**PRE-EMPLOYMENT  
DRUG TEST CONSENT AND INFORMATION  
RELEASE FORM**

I understand that one of the components of the Smith County School District's Substance Abuse Program is testing for drugs and alcohol as a condition of employment. I further understand that failure to consent to drug and alcohol testing will be considered a withdrawal of my application for employment.

I authorize the testing laboratory to release the results of drug and alcohol tests only to Smith County School District's Superintendent and the Drug Program Administrator. I understand that this information will otherwise be kept confidential and will not be released without my written consent or as is otherwise permitted by law.

The following are the legal nonprescription drugs, and the drugs for which I have a prescription, that I take routinely or have taken within the last ten (10) days.

**NAME OF DRUG**

**FREQUENCY OR LAST TIME TAKEN**

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**Applicant**

**Witness**

**Date**

**Date**

*Smith County School District  
P. O. Box 308  
Raleigh, MS 39153*

**CONFIDENTIAL RECOMMENDATION FORM**

(Last Name)	(First)	(Middle)	(Maiden)

***Certified Subject Teaching Area(s)***

Check your proper grade level of certification that is indicated on your teaching certificate:

- Elementary K-4     
 Elementary 4-8     
 Secondary 7-9     
 Secondary 10-12

***THE PROSPECTIVE APPLICANT SHOULD COMPLETE THE ABOVE INFORMATION.***

AREA	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	NO CHANCE TO OBSERVE
Personal Appearance						
Voice						
Personality						
Cooperation and Helpfulness						
Tactfulness						
Reliability						
Loyalty						
Punctuality						
Good "Common Sense"						
Initiative						
Emotional Stability						
Physical Health						
Works well with students						
Works well with teachers						
Skill as an Instructor						
Planning & Preparation for Teaching						
Competency in Academic Field						
Accuracy of Reports						
Adaptability to New Ideas						
Ability to Discipline						
Professional Attitude						
Enthusiasm for Teaching						
Public Relations						
Meets Financial Obligations						
Community Involvement						
Probable Success as a Teacher						
General Rating (Overall)						

This evaluation includes the period from \_\_\_\_\_ to \_\_\_\_\_. Today's Date: \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

Would you be willing to employ or re-employ this applicant? YES \_\_\_\_\_ NO \_\_\_\_\_ UNDECIDED \_\_\_\_\_

Would a telephone call be necessary for additional information? YES \_\_\_\_\_ NO \_\_\_\_\_

What is the applicant's strongest characteristic? \_\_\_\_\_

What is the applicant's weakest characteristic? \_\_\_\_\_

ADDITIONAL COMMENTS (Please use reverse side) \_\_\_\_\_

NAME \_\_\_\_\_ OFFICIAL POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_