

# APPLICATION FOR NON-CERTIFIED STAFF

WEBSTER COUNTY SCHOOL DISTRICT  
 95 CLARK AVENUE  
 EUPORA, MS 39744  
 Telephone - 662-258-5921/5951 Fax – 662-258-3134

Date of Availability \_\_\_\_\_ Date of Application \_\_\_\_\_

Application for Non-Certified Position

Position(s) Applying For \_\_\_\_\_  
 (Assistant Teacher, Bus Driver, Bus Shop, Cafeteria, Clerical, Janitor, etc.)

PLEASE TYPE OR PRINT LEGIBLY

Social Security Number \_\_\_\_\_

(Name as it appears on Social Security Card)

Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Phone)

Permanent Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Phone)

**EDUCATION:** (Every Applicant must attach a copy of his/her high school diploma or GED)

Name of School and Location- Begin with High School, then College, etc.	From		To		DATE OF GRADUATION
	Mo.	Yr.	Mo.	Yr.	

**REFERENCES:**

Name	Position Address	(must be completed)	Phone (include area code)

**WORK EXPERIENCE:** (Begin with most recent)

Name and Complete Address Of Employer	From Mo. Yr.	To Mo. Yr.	Type of Work	Reason for Leaving

Pursuant to state law, a prerequisite for employment in the Webster County School District requires that the applicant be fingerprinted and that a background check be conducted by state and/or federal authorities and the child abuse registry. Information revealed by the background check could exclude you from employment in the Webster County School District and may make any employment contract with the district voidable.

Do you agree to comply with these requirements for employment in the Webster County School District?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

Applications will remain in the active file two (2) years from the date of receipt and then will be classified as inactive unless notification is given to the Webster County School District.

The facts set forth in my application for employment are true and complete. If employed, I agree to abide by all the policies of the Webster County School District.

Signature \_\_\_\_\_ Date \_\_\_\_\_

WEBSTER COUNTY SCHOOL DISTRICT  
PERMISSION FOR BACKGROUND CHECK

I give my permission for Webster County School District to conduct a background screening check (Senate Bill 2658) with law enforcement, the child abuse registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position as a school employee of Webster County School District and that this information will be used with regard to the attached application. I further understand that upon being hired by Webster County School District, I will be responsible for paying the fee for completing this background check.

Signature \_\_\_\_\_ S.S.# \_\_\_\_\_

Date \_\_\_\_\_



The Webster County School District does not discriminate on the basis of race, color, gender, national or Ethnic origin, age, disability, veteran status, or other characteristics protected by law in any of its policies, practices, or procedures. Webster County School District is an equal opportunity employer.

**WEBSTER COUNTY SCHOOL DISTRICT  
CONFIDENTIAL RECOMMENDATION FORM**

APPLICANT'S NAME \_\_\_\_\_

To be completed by the applicant:

I (do) \_\_\_\_\_ (do not) \_\_\_\_\_ waive my right to access to the confidential information provided by persons listed as references. The Webster County School District also reserves the right to contact other individuals with whom you have been associated to further assess your capabilities to successfully function as an employee in the district. Failure on the part of the applicant to waive the right to access to confidential information will in no way affect the consideration of the applicant.

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

\_\_\_\_\_  
Date

I am applying for the position of \_\_\_\_\_

REFERENCE'S NAME \_\_\_\_\_

The above applicant has named you as a person from whom we may request references. We shall appreciate your confidential appraisal of the candidate and your return of this form at your earliest convenience to the Office of the Superintendent, Webster County School District, 95 Clark Ave. Eupora, MS. 39744. We appreciate your professional cooperation.

James Mason, Superintendent

AREA	EXCELLENT	GOOD	AVERAGE	POOR	NOT ACCEPTABLE	NO CHANCE TO OBSERVE
<i>Personal Appearance</i>						
<i>Voice</i>						
<i>Personality</i>						
<i>Cooperativeness</i>						
<i>Tactfulness</i>						
<i>Reliability</i>						
<i>Loyalty</i>						
<i>Punctuality</i>						
<i>General Interest &amp; Concern for Others</i>						
<i>Initiative</i>						
<i>Emotional Stability</i>						
<i>Physical Health</i>						
<i>Use of English</i>						
<i>Teacher/Student Rapport</i>						
<i>Skill in Working With Staff Members</i>						
<i>Skill in Working With Parents</i>						
<i>Proficiency in The Use of Teaching Techniques</i>						
<i>Planning &amp; Preparation for Teaching</i>						
<i>Competency in Academic Field</i>						
<i>Accuracy of Reports</i>						
<i>Adaptability to New Ideas</i>						
<i>Ability to Discipline</i>						
<i>Professional Attitude</i>						
<i>Enthusiasm for Teaching</i>						
<i>Relations with Public</i>						
<i>Financial Integrity</i>						
<i>Community Involvement</i>						
<i>Probable Success in Position</i>						
<i>General Rating (Overall)</i>						

**WEBSTER COUNTY SCHOOL DISTRICT  
CONFIDENTIAL RECOMMENDATION FORM**

APPLICANT'S NAME \_\_\_\_\_

To be completed by the applicant:

I (do) \_\_\_\_\_ (do not) \_\_\_\_\_ waive my right to access to the confidential information provided by persons listed as references. The Webster County School District also reserves the right to contact other individuals with whom you have been associated to further assess your capabilities to successfully function as an employee in the district. Failure on the part of the applicant to waive the right to access to confidential information will in no way affect the consideration of the applicant.

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

\_\_\_\_\_  
Date

I am applying for the position of \_\_\_\_\_

REFERENCE'S NAME \_\_\_\_\_

The above applicant has named you as a person from whom we may request references. We shall appreciate your confidential appraisal of the candidate and your return of this form at your earliest convenience to the Office of the Superintendent, Webster County School District, 95 Clark Ave. Eupora, MS. 39744. We appreciate your professional cooperation.

James Mason, Superintendent

AREA	EXCELLENT	GOOD	AVERAGE	POOR	NOT ACCEPTABLE	NO CHANCE TO OBSERVE
<i>Personal Appearance</i>						
<i>Voice</i>						
<i>Personality</i>						
<i>Cooperativeness</i>						
<i>Tactfulness</i>						
<i>Reliability</i>						
<i>Loyalty</i>						
<i>Punctuality</i>						
<i>General Interest &amp; Concern for Others</i>						
<i>Initiative</i>						
<i>Emotional Stability</i>						
<i>Physical Health</i>						
<i>Use of English</i>						
<i>Teacher/Student Rapport</i>						
<i>Skill in Working With Staff Members</i>						
<i>Skill in Working With Parents</i>						
<i>Proficiency in The Use of Teaching Techniques</i>						
<i>Planning &amp; Preparation for Teaching</i>						
<i>Competency in Academic Field</i>						
<i>Accuracy of Reports</i>						
<i>Adaptability to New Ideas</i>						
<i>Ability to Discipline</i>						
<i>Professional Attitude</i>						
<i>Enthusiasm for Teaching</i>						
<i>Relations with Public</i>						
<i>Financial Integrity</i>						
<i>Community Involvement</i>						
<i>Probable Success in Position</i>						
<i>General Rating (Overall)</i>						

**WEBSTER COUNTY SCHOOL DISTRICT  
CONFIDENTIAL RECOMMENDATION FORM**

APPLICANT'S NAME \_\_\_\_\_

To be completed by the applicant:

I (do) \_\_\_\_\_ (do not) \_\_\_\_\_ waive my right to access to the confidential information provided by persons listed as references. The Webster County School District also reserves the right to contact other individuals with whom you have been associated to further assess your capabilities to successfully function as an employee in the district. Failure on the part of the applicant to waive the right to access to confidential information will in no way affect the consideration of the applicant.

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

\_\_\_\_\_  
Date

I am applying for the position of \_\_\_\_\_

REFERENCE'S NAME \_\_\_\_\_

The above applicant has named you as a person from whom we may request references. We shall appreciate your confidential appraisal of the candidate and your return of this form at your earliest convenience to the Office of the Superintendent, Webster County School District, 95 Clark Ave. Eupora, MS. 39744. We appreciate your professional cooperation.

James Mason, Superintendent

AREA	EXCELLENT	GOOD	AVERAGE	POOR	NOT ACCEPTABLE	NO CHANCE TO OBSERVE
<i>Personal Appearance</i>						
<i>Voice</i>						
<i>Personality</i>						
<i>Cooperativeness</i>						
<i>Tactfulness</i>						
<i>Reliability</i>						
<i>Loyalty</i>						
<i>Punctuality</i>						
<i>General Interest &amp; Concern for Others</i>						
<i>Initiative</i>						
<i>Emotional Stability</i>						
<i>Physical Health</i>						
<i>Use of English</i>						
<i>Teacher/Student Rapport</i>						
<i>Skill in Working With Staff Members</i>						
<i>Skill in Working With Parents</i>						
<i>Proficiency in The Use of Teaching Techniques</i>						
<i>Planning &amp; Preparation for Teaching</i>						
<i>Competency in Academic Field</i>						
<i>Accuracy of Reports</i>						
<i>Adaptability to New Ideas</i>						
<i>Ability to Discipline</i>						
<i>Professional Attitude</i>						
<i>Enthusiasm for Teaching</i>						
<i>Relations with Public</i>						
<i>Financial Integrity</i>						
<i>Community Involvement</i>						
<i>Probable Success in Position</i>						
<i>General Rating (Overall)</i>						

**WEBSTER COUNTY SCHOOL DISTRICT  
CONFIDENTIAL RECOMMENDATION FORM**

APPLICANT'S NAME \_\_\_\_\_

To be completed by the applicant:

I (do) \_\_\_\_\_ (do not) \_\_\_\_\_ waive my right to access to the confidential information provided by persons listed as references. The Webster County School District also reserves the right to contact other individuals with whom you have been associated to further assess your capabilities to successfully function as an employee in the district. Failure on the part of the applicant to waive the right to access to confidential information will in no way affect the consideration of the applicant.

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

\_\_\_\_\_  
Date

I am applying for the position of \_\_\_\_\_

REFERENCE'S NAME \_\_\_\_\_

The above applicant has named you as a person from whom we may request references. We shall appreciate your confidential appraisal of the candidate and your return of this form at your earliest convenience to the Office of the Superintendent, Webster County School District, 95 Clark Ave. Eupora, MS. 39744. We appreciate your professional cooperation.

Brian Jones, Superintendent

AREA	EXCELLENT	GOOD	AVERAGE	POOR	NOT ACCEPTABLE	NO CHANCE TO OBSERVE
<i>Personal Appearance</i>						
<i>Voice</i>						
<i>Personality</i>						
<i>Cooperativeness</i>						
<i>Tactfulness</i>						
<i>Reliability</i>						
<i>Loyalty</i>						
<i>Punctuality</i>						
<i>General Interest &amp; Concern for Others</i>						
<i>Initiative</i>						
<i>Emotional Stability</i>						
<i>Physical Health</i>						
<i>Use of English</i>						
<i>Teacher/Student Rapport</i>						
<i>Skill in Working With Staff Members</i>						
<i>Skill in Working With Parents</i>						
<i>Proficiency in The Use of Teaching Techniques</i>						
<i>Planning &amp; Preparation for Teaching</i>						
<i>Competency in Academic Field</i>						
<i>Accuracy of Reports</i>						
<i>Adaptability to New Ideas</i>						
<i>Ability to Discipline</i>						
<i>Professional Attitude</i>						
<i>Enthusiasm for Teaching</i>						
<i>Relations with Public</i>						
<i>Financial Integrity</i>						
<i>Community Involvement</i>						
<i>Probable Success in Position</i>						
<i>General Rating (Overall)</i>						