***WILKINSON COUNTY SCHOOL DISTRICT***

***Post Office Box 785 - 488 Main Street***

***Woodville, Mississippi 39669***

***(601) 888-3582***

**APPLICATION FOR EMPLOYMENT**

DATE OF APPLICATION:

Miss

Mrs. LAST FIRST MIDDLE

Mr.

Dr.

ADDRESS:

CITY: STATE: ZIP CODE:

TELEPHONE NUMBER: SOCIAL SECURITY NUMBER:

GENDER: Male \_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. CITIZEN: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If Related to anyone in our Employment, State Name and Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| MISSISSIPPI  TEACHING  CERTIFICATE | CERTIFICATE NUMBER | LEVEL OF CERTIFICATION | ENDORSEMENT CODE(S) | AREA(S) OF ENDORSEMENT |

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| --- | --- | --- |
| PRAXIS  SCORES | PRAXIS I SCORES  Reading: Mathematics:  Writing: Essay: | PRAXIS II SCORES  Subject Assessments: PLT:  Teaching Foundations: |

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| POSITION DESIRED | Indicate grade-level if elementary, or, if secondary, list subjects in order of preference |

EDUCATIONAL HISTORY

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| --- | --- | --- | --- | --- | --- |
| COLLEGE/UNIVERSITY  (List in order taken) | LOCATION  (City and State) | DATES OF ATTENDANCE  (MONTH, YEAR...MONTH, YEAR) | DEGREE(S)  EARNED | MAJOR(S) | MINOR(S) |
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Application for the Mississippi Certificate can be secured from: Office of Certification; State Department of Education; P.O. Box 771; Jackson, MS 39205.

TEACHING EXPERIENCE (Career Teacher)

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| SCHOOL/SCHOOL  DISTRICT | COMPLETE MAILING  ADDRESS | DATE STARTED | DATE ENDED | TOTAL MONTHS | JOB  ASSIGNMENTS | REASON FOR  LEAVING |
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TOTAL MONTHS TOTAL YEARS

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| BEGINNING  TEACHER | STUDENT TEACHING  Subject Area(s)/Grade-Level(s):  School: Mailing Address:  Supervisor Teacher: College Supervisor: |

REFERENCES

List the name, position, and address of six individuals as your references. Include superintendents, principals, and supervisors

under whom you have worked in addition to college professors and supervisory teacher. Please do not list relatives as references.

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| NAME | POSITION/JOB TITLE | COMPLETE MAILING ADDRESS | PHONE NUMBER |
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YES NO Have you previously been employed by the Wilkinson County Public Schools?

YES NO Are you presently under contract with any school system?

If yes, School System Until

When is the earliest you could begin work here?

YES NO Are you a Veteran? If yes list branch of service, period of active duty and rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES NO Have you ever been asked to resign, been discharged, or failed to be re-employed for a teaching or administrative position?

If yes, give details:

YES NO Do you presently have any contagious diseases?

YES NO Have you ever been convicted of an offense other than a misdemeanor?

If yes, explain:

YES NO Are there any reasons, physical or otherwise, which would prevent or restrict you from discharging your duties or responsibilities, if employed?

YES NO Have you ever had a professional certificate/license revoked?

YES NO Have you ever left any job or changed your occupation because of health?

YES NO Are you actively addicted, dependent, or a habitual user of any habit forming drugs?

YES NO Do you have an emotional or mental disability that renders you unfit to perform the duties authorized by the position(s) for which you are applying?

YES NO Are you actively addicted to or actively dependent on alcohol?

YES NO Are you actively addicted to or actively dependent on any habit-forming drugs?

YES NO Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect?

YES NO \*Have you been convicted of, pled guilty or entered a plea of nolo contendere to a felony, as defined by federal or state law?

YES NO \*Have you been convicted of, pled guilty or entered a plea of nolo contendere to a sex offense, as defined by federal or state law?

\*If YES, submit official copies of the court record including the disposition of case and provide on a separate sheet the

specifics of or an explanation for the response.

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| ORGANIZATIONS | NAME OF ORGANIZATIONS (Civic, Professional, Religious, Fraternal, Social, etc.) | POSITION OF LEADERSHIP |

Explain your reason for wanting to work in this district. (Use additional paper if necessary.)

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| DOCUMENTS REQUIRED | APPLICATION PROCESS: The following documentation must be provided.  1. Application for Employment  2. Verification of previous teaching experience  3. Copy of State Personnel Evaluation Form (Mississippi)  for experienced (Career Teachers)  4. Photocopies of the following:  \*Transcript(s) from Colleges attended  \*UREAL Scores  \*Valid Mississippi Certificate |

*I hereby certify that the information presented in this application is true, accurate, and complete. I understand that any falsification of this record will be sufficient cause for disqualification and will constitute a release to the employer for liability. I hereby extend the right of the school district to contact any and all previous employers and references listed on this application, and I waive all rights pursuant to PL93-380. If employed, I agree to abide by all the policies approved by the Board of Education and will cooperate fully with in-service programs for professional improvement.*

Signature of Applicant: Date:

Application remains active for one year from date received unless the personnel office is notified in writing to keep it current.

The school district adheres to all federal and state laws/regulations regarding non-discrimination.