

APPLICATION FOR PROFESSIONAL STAFF

**YAZOO COUNTY SCHOOL DISTRICT
P.O. BOX 1088
YAZOO CITY, MS 39194
Telephone: (662) 746-4672**

Name _____ Date _____
(as it appears on social security card) Social Security Number: xxx-xx-

Present Address _____
City: _____ State: _____ Zip: _____
Home Phone _____ Cell Phone _____ E-mail Address _____

List type (A, AA, AAA, or AAAA) and endorsements areas(s) of Mississippi Teaching Certificate you hold or are qualified to hold: (Examples: A Elementary K-3, AA Secondary Math, AA Elementary Principal:

Please indicate "Not Applicable" with "N/A." Please provide scores where applicable.

College Grade Point Average:		NTE:	
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National boards for Professional Teaching Standards?	
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School Leaders Licensure Assessment (SLLA):		GRE:	
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Position Desired:														
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Grade Level Desired:	K	1	2	3	4	5	6	7	8	9	10	11	12	Special Education
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Subject Preferred if 9-12:			
	(1st Choice)	(2nd Choice)	(3rd Choice)

The Yazoo County School District offers educational and employment opportunities to all persons without discrimination and without regard to age, sex, race, religion, color, national origin, or disability.

Education:

Name of school and location. Include high school, college, graduate work and summer sessions in order taken:	From Mo./Yr.	To Mo./Yr.	Degree or Diploma and Dates	Major

Experience: List all teaching experience. Attach additional sheet if needed.

Name of School	From Mo./Yr.	To Mo./Yr.	Nature of Work (Briefly Describe)	Supervisor	Address
Reason for Leaving:					
Reason for Leaving:					
Reason for Leaving:					
Reason for Leaving:					

<p>TOTAL YEARS OF TEACHING EXPERIENCE:</p>	<p>_____ YEARS TOTAL EXPERIENCE</p>
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Is there any reason you cannot perform the essential functions of this job with or without accommodations?			
And with what accommodations?			
When could you begin work?		Are you presently under contract?	
Have you ever failed to be re-employed?		If yes, where?	
State reasons:			
If employed, do you agree to follow all policies and procedures of the Yazoo County School District?			
Have you ever been convicted of an offense other than a minor traffic violation?			
If yes, describe:			
References: (Minimum of four REQUIRED) Include superintendent, principals, or supervisors with whom you are working or have worked. Persons who directed your professional preparation (including student teaching supervisor) should also be listed if you have had no teaching experience.			

Position	Name (Dr., Mr., Mrs., Miss)	Address (must be completed)	Phone

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REFERENCE EVALUATION FORM FOR CERTIFICATED POSITION

Part I (to be completed by applicant)			
Three references are required. <u>One</u> must come from your most recent school principal or supervisor of student teaching.			
Applicant Name		Social Security No.	
Home Telephone		Work Telephone	Position Desired
Please complete the evaluation found in PART II below based on your knowledge of my background and return this self-addressed mailer			
I hereby			
<input type="checkbox"/> waive my right to access of this confidential recommendation obtained for my application for employment.			
<input type="checkbox"/> do not waive my right to access of this confidential recommendation obtained for my application for employment.			
Applicant Signature		Date	

PART II (to be completed by evaluator)				
COMMAND OF ENGLISH LANGUAGE	<input type="checkbox"/> Extremely fluent/precise	<input type="checkbox"/> Correct in usage	<input type="checkbox"/> Usually correct	<input type="checkbox"/> Frequently incorrect
KNOWLEDGE OF SUBJECT MATTER	<input type="checkbox"/> Superior in subject matter	<input type="checkbox"/> Adequate in subject matter	<input type="checkbox"/> Limited in subject matter	<input type="checkbox"/> Insufficient in subject matter
SKILL IN INSTRUCTION	<input type="checkbox"/> Outstanding/Innovative	<input type="checkbox"/> Experienced	<input type="checkbox"/> Unexceptional	<input type="checkbox"/> Needs supervision
ENTUHSIASM FOR TEACHING	<input type="checkbox"/> Extremely enthusiastic	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Usually involved	<input type="checkbox"/> Not a self-starter
CLASSROOM CONTROL	<input type="checkbox"/> Implements student self-discipline	<input type="checkbox"/> Consistent in discipline	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Little Control
PROFESSIONAL ATTITUTIDE	<input type="checkbox"/> Always professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Usually Professional	<input type="checkbox"/> Frequently unprofessiona l
USE OF SOUND JUDGEMENT	<input type="checkbox"/> Exceptional in judgment	<input type="checkbox"/> Good in common	<input type="checkbox"/> Fair in judgment	<input type="checkbox"/> Unreliable in judgment

		sense		
RELIABILITY	<input type="checkbox"/> Always dependable	<input type="checkbox"/> Usually dependable	<input type="checkbox"/> Fairly reliable	<input type="checkbox"/> Inconsistently reliable
CHARACTER	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
RELATIONSHIPS WITH OTHERS	<input type="checkbox"/> Superior	<input type="checkbox"/> Above average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Frequently annoying
COOPERATION	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Usually Cooperative	<input type="checkbox"/> Uncooperative

Please comment on the following:

Would you recommend applicant for position applied for?	Yes	No
If no, please explain		
Would you re-employ?	Yes	No
If no, please explain.		
General comments		

Name (print/type) _____ Title _____

Signature _____ Date _____

School District/Business Address _____ Telephone _____

Mail Reference to:
Yazoo County School District
P.O. Box 1088
Yazoo City, MS 39194

**YAZOO COUNTY SCHOOL
DISTRICT**

94 Panther Drive
Yazoo City, MS 39194

Phone: (662) 746-4672
Fax: (662) 746-9270

**Permission for Background
Check**

In accordance with Mississippi code S37-9-17, all personnel employed by the public school system shall be required to have a criminal background check and a current child abuse registry check. The applicant shall also be fingerprinted and such fingerprints shall be forwarded to the FBI for a national history check.

If such fingerprinting or criminal record checks disclose a felony conviction, a guilty plea or plea of *nolo contendere* to a felony of possession or a sale of drugs, murder, manslaughter, armed robbery, rape sexual lust or aggravated which has not been reversed on appeal or for which a pardon has not been granted, the new hire shall not be eligible to be employed at such school. **Any employment contract for a new hire executed by the superintendent of the local school district shall be voided if the new hire receives a disqualifying criminal record check.**

The school board may grant waivers for such mitigating circumstances, which shall include, but not be limited to: (a) age at which time the offense was committed; (b) circumstances surrounding the crime; (c) length of time since the conviction and the criminal history since the conviction; (d) work history; (e) current employment and character references; (f) other evidence demonstrating the ability of the person to perform the employment responsibilities competently and that the person does not pose a threat to the health or safety of the children at the school.

Under no circumstances shall a school district disseminate information received through any such checks excepts insofar as required to fulfill the purpose of employment.

I understand the above and understand that my employment is contingent on the results of the state mandated criminal history check.

Signature of applicant _____ Date _____