

Prospective employees for the South Delta School District will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

SOUTH DELTA SCHOOL DISTRICT
Post Office Box 219
Rolling Fork, Mississippi 39159
(662) 873-4302

APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date
Present Street Address			Home Telephone
			() -
City	State	Zip	Business Telephone
			() -
How long at the present address? _____ years			Are you a U.S. Citizen Yes () No ()
Previous Street Address:			How long at the previous address? _____ Years
Have you ever applied for employment with us? Yes () No ()			Social Security Number
If yes, Month and Year _____ location _____			_____ - _____ - _____
Position Desired _____ (3rd Grade Teacher, High School Counselor, Elementary Principal, etc.) - First Choice			Pay Expected: \$ _____ annually
Second Choice: _____			
Third Choice: _____			

Do you presently hold a valid teacher's certificate? Yes () No ()

If the answer to the above question is "yes," please furnish the following from your certificate:

- A. Name of State Issuing Certificate: _____
- B. Certificate Number: _____
- C. Valid Period: From: _____ To: _____
- D. Class: _____
- E. Type: _____
- F. Areas of Endorsement: (1) _____
- (2) _____
- (3) _____
- (4) _____

If the answer to the above question is "No," or if the certificate is issued by a state other than Mississippi, please answer the following questions:

- A. When do you expect to receive a Mississippi teacher's certificate? Date: _____
- B. Which class certificate do you expect to receive? (A, AA, AAA, etc.) _____
- C. In which areas do you expect endorsement? (1) _____
(2) _____
(3) _____
- D. Have you already made application for a Mississippi certificate? Yes () No ()

Are you legally eligible for employment in the United States
Yes () No ()

How did you learn of this position?

Other special training or skills (languages, machine operation etc.)

State names of relatives or friends who are presently employed in this school district.

Name _____ Relationship _____

Name _____ Relationship _____

Have you previously been employed by the South Delta School District? Yes () No ()

Are you presently under contract with any school system?

School System _____

Yes () No ()

Ending Date of Employment _____

When is the earliest you could begin work in this district?

Will you work overtime, if asked?

Yes () No ()

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

Yes () No () If "yes," please give details. _____

Have you ever been convicted of an offense other than a misdemeanor? Yes () No ()

If "yes," please explain. _____

List co-curricular activities which you are qualified and prepared to direct.

List college activities and honors before and since graduation.

EDUCATION

Beginning with the first post secondary school attended; please provide the following information about each:

<i>School</i>	<i>Name and Location</i>	<i>Dates of Attendance</i>	<i>Did you Graduate</i>	<i>Date of Graduation</i>	<i>Type of Degree/Certificate</i>
College			Yes () No ()		
College			Yes () No ()		
College			Yes () No ()		
High School			Yes () No ()		
Elementary School			Yes () No ()		
Other			Yes () No ()		

REFERENCES

List the names, position and address of five (5) individuals as your references. Include superintendents, principals, and supervisors under whom you have worked, who have knowledge of your training, character, scholarship, and/or teaching ability, in addition to college professors and supervisors. Please do not list relatives as references.

<i>Name</i>	<i>Official Position</i>	<i>Address</i>	<i>Telephone Number</i>

Membership in Profession or Civic Organization: Please List:

EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Name of Firm, school, or employer	Telephone Number () -
Address	Employed (State month and year From: _____ To: _____
Name of Supervisor	Salary: Weekly _____ Monthly _____ Year _____
State job title and describe your work. _____ _____ _____	Reason for leaving: _____ _____ _____

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MILITARY

Complete this section if you served in the U.S. Armed Forces.	Branch of Service
Describe your duties and any special training.	Period of Active Duty (Month/year) From _____ To _____
	Rank at discharge
	Date of final discharge

SIGNATURE

I hereby declare that the information provided by me in this application for training/employment in the South Delta School District is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

_____ Date

_____ Signature

PERMISSION FOR BACKGROUND CHECK

DATE: _____

I give my permission for the South Delta School District to conduct a background screening check with law enforcement, the Child Abuse Central 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 with South Delta School District. I further understand that this information will only be used in regard to the above application.

SIGNATURE _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____