

**WILKINSON COUNTY SCHOOL DISTRICT**

*Post Office Box 785 - 488 Main Street*

*Woodville, Mississippi 39669*

*(601) 888-3582*

**APPLICATION FOR EMPLOYMENT**

Miss \_\_\_\_\_  
 Mrs. \_\_\_\_\_ LAST FIRST MIDDLE  
 Mr. \_\_\_\_\_  
 Dr. \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

	<u>CERTIFICATE NUMBER</u>	<u>LEVEL OF CERTIFICATION</u>	<u>ENDORSEMENT CODE(S)</u>	<u>AREA(S) OF ENDORSEMENT</u>
MISSISSIPPI TEACHING CERTIFICATE				

	<u>PRAXIS I SCORES</u>		<u>PRAXIS II SCORES</u>	
PRAXIS SCORES	Reading: _____	Mathematics: _____	Subject Assessments: _____	PLT: _____
	Writing: _____	Essay: _____	Teaching Foundations: _____	

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

**EDUCATIONAL HISTORY**

COLLEGE/UNIVERSITY (List in order taken)	LOCATION (City and State)	DATES OF ATTENDANCE (MONTH, YEAR...MONTH, YEAR)	DEGREE(S) EARNED	MAJOR(S)	MINOR(S)

## TEACHING EXPERIENCE (Career Teacher)

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

TOTAL MONTHS \_\_\_\_\_ TOTAL YEARS \_\_\_\_\_

<b>BEGINNING TEACHER</b>	<b>STUDENT TEACHING</b> Subject Area(s)/Grade-Level(s): _____  School: _____ Mailing Address: _____  Supervisor Teacher: _____ College Supervisor: _____
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### 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.

NAME	POSITION/JOB TITLE	COMPLETE MAILING ADDRESS	PHONE NUMBER

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 citizen of the United States?

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    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?

YES     NO    Do you presently have any contagious diseases?

\*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.

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.