WILKINSON COUNTY SCHOOL DISTRICT

P.O. BOX 785

WOODVILLE, MISSISSIPPI 39669

Telephone (601) 888-3582

Fax (601) 888-3133

(An Equal Opportunity Employer)

NON-CERTIFIED EMPLOYMENT APPLICATION

**DATE OF PPLICATION:** Position(s) Desired: (Check One or More):

|  |  |  |
| --- | --- | --- |
| Substitute Teacher | Bus Driver | Cafeteria Worker |
| Teacher Aide | Bus Mechanic | Maintenance Supervisor |
| Bookkeeper | Bus Mechanic Helper | Maintenance Worker |
| Secretary | Cafeteria Supervisor | Custodian |
| Clerk | Cafeteria Manger | Other Specify: |

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NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or P.O. Box Number City State Zip Code

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: Male \_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I possess above-average skills in the area(s) as follows: (Please indicate by placing an X beside the skill)

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| --- | --- | --- |
| Reading | Bookkeeping | Operate Lawn Mower |
| Math | Shorthand | Operate Tractor |
| Computers: | Filing | Operate Janitorial Equipment: |
| 1. Operator
 | Carpentry | 1. Buffer Machine
 |
| 1. Programmer
 | Electricity |  b. Vacuum Machine |
| Auto Body Repair | Cooking | 1. Hedge Trimmer
 |
| Auto Mechanic | Plumbing | Other Specify: |

List any office machines that you are able to operate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Do you take exceptional pride in your work? \_\_\_ Yes \_\_\_ No

Date available for employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of School and LocationInclude High School, College,Graduate, andPost Graduate Workin the Order Taken | Dates Attended Month - Year |  DegreeReceived |  Major Subject | Semester Hours in Major |  Minor Subject | Semester Hours in Minor |
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**WORK EXPERIENCE**

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| --- | --- | --- | --- | --- |
| Name and Complete Address of Prior Employment  | Period of ServiceExact Month & Year |  Numberof Months | Nature of Work, Duties, Responsibilities | Reason(s) forLeaving this Position |
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Total Months: \_\_\_\_\_\_\_\_\_\_ Total Years: \_\_\_\_\_\_\_\_\_\_

Are you presently employed? \_\_\_ Yes \_\_\_ No

If Yes, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe the type of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you previously been employed by the Wilkinson County School District? \_\_\_ Yes \_\_\_ No

Are you a citizen of the United States? \_\_\_ Yes \_\_\_ No

Do you have a current Mississippi Teaching Certificate? \_\_\_ Yes \_\_\_ No

Do you have a current Mississippi School Bus Drivers Certificate? \_\_\_ Yes \_\_\_ No

Have you ever been asked to resign, been discharged, or failed to be re-employed? \_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you honest? \_\_\_ Yes \_\_\_ No

List any and all physical and/or mental limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Use the following space for any additional information you wish to submit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CHARACTER DETERMINATION**

1. 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
2. Are you actively addicted to or actively dependent on alcohol? \_\_\_ Yes \_\_\_ No
3. Are you actively addicted to or actively dependent on any habit-forming drugs? \_\_\_ Yes \_\_\_ No
4. Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect? \_\_\_ Yes \_\_\_ No
5. 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
6. 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
7. Do you presently have any contagious diseases? \_\_\_ Yes \_\_\_ No

**\*If you answered Yes to any of these questions above:**

(a) Submit official copies of the court record including the disposition of case;

(b) Provide on a separate sheet the specifics of or an explanation for the response.

Explain fully your reasons for wanting to work in this school district.

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**REFERENCES**

List the name, position, and address of six (6) individuals as your references.

Include supervisors under whom you have worked in addition to college professors and teachers.

Please do not list relatives as references.

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| --- | --- | --- | --- |
| ***Name*** | ***Official Position*** | ***Address*** | ***Telephone******Number*** |
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**READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT:**

By my signature I attest that the information contained in this application is true and represents me accurately. If employed, I agree to abide by all the policies approved by the Board of Education and will cooperate fully with all district in-service programs. I understand that this application will remain in the active file for a period of one (1) year and then will be classified as inactive unless I notify the personnel office in writing to keep the application current.

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