

APPLICATION FOR EMPLOYMENT

AMITE COUNTY SCHOOL DISTRICT
 533 Maggie Street · Liberty, MS 39645 · 601-657-4361

Don Cuevas, Superintendent

www.amite.k12.ms.us



All new perspective employees must be fingerprinted. All employees may be subject to a drug test. These procedures must be done by our district personnel. *(You will be responsible for a \$50.00 fingerprint fee.)*

PERSONAL INFORMATION

NAME _____

ADDRESS _____

Street/ P.O. Box

City

ST

ZIP

CONTACT TELEPHONE NUMBERS: _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ GENDER Male Female

POSITION APPLYING FOR: _____ DATE AVAILABLE: _____

CERTIFICATION INFORMATION: Class A _____ AA _____ AAA _____ AAAA _____

ENDORSEMENTS: _____

CERTIFICATE VALID UNTIL: _____ MS LICENSE NUMBER: _____ YRS EXPERIENCE _____

Are you presently employed? _____ If so, may we inquire of your present employer? _____

Are you retired from another state? Yes _____ No _____ If so, what state? _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	DEGREE OBTAINED
<i>High School</i>				
<i>College</i>				
<i>Trade, Business, Correspondence School</i>				

Subjects of special study or research work _____

LAST NAME _____ FIRST NAME _____

EMPLOYMENT HISTORY

(List below the last four employers, beginning with the most recent)

DATES EMPLOYED	NAME & CONTACT INFORMATION FOR EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

REFERENCES

Please list four references who are not related to you, at least one must be a former employer.

NAME	EMAIL ADDRESS	TELEPHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED

The Amite County School District is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the basis of race, color, gender, national origin, age, religion, creed, disability, veterans' status, sexual orientation, gender identity or gender expression.

LAST NAME _____ FIRST NAME _____

GENERAL QUESTIONS

1. Have you ever applied in this district? Yes ___ No ___ When? _____
2. Have you previously been employed by the Amite County School District? Yes ___ No ___
3. Are you presently enrolled in the State Employees Health Program? Yes ___ No ___
4. Give the approximate number of days you missed, for illness or otherwise, for a one year period in your last full-time employment. _____
5. Are you able to perform essential functions of this job without accommodations? Yes ___ No ___
6. Are you a veteran? Yes ___ No ___
If yes, list branch of service, period of active duty and rank _____
7. List any special talents you have that may be beneficial to you in the position for which you have applied. _____
8. List professional organizations of which you are a member. _____
9. Briefly describe why you wish to secure a position at the Amite County School District.

10. Have you ever been arrested, convicted of or pled guilty or nolo contendere to any crime, other than a minor traffic violation? Yes ___ No ___
If yes, state the name and address of the Court, the date of the alleged offense, a description of the charges and an explanation of the final action taken, including any fines, probation, imprisonment, or similar description.

11. Have you ever been arrested or charged with any crime or been named in an indictment, accusation or special presentation for any offense, other than a minor traffic violation?
Yes ___ No ___
12. Are you presently the subject of any pending criminal charges? Yes ___ No ___
If yes, explain and attach full details _____
13. Have you ever been asked to resign, been discharged, non-renewed or terminated from any previous employment? Yes ___ No ___
If yes, explain _____
14. Are you currently addicted or dependent on alcohol? Yes ___ No ___
15. Are you currently addicted or dependent on other habit-forming drugs? Yes ___ No ___
16. Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects? Yes ___ No ___
17. Do you have a valid CDL license? Yes ___ No ___
18. I agree to be drug/alcohol tested if I am involved in any type of accident involving this school district? Yes ___ No ___

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LAST NAME _____ FIRST NAME _____

CERTIFIED EMPLOYEES ONLY

1. Are you presently under contract to any school system? Yes ____ No ____
If yes, list name of school district: _____ Contract Ending Date _____
2. Do you have current recommendations on file in a college teacher placement office? Yes ____ No ____
3. List co-curricular activities that you are qualified and prepared to coach or direct

4. List college and/or community activities and honors engaged in or received before and since graduation. _____
5. Have you ever had a professional certificate/license revoked? Yes ____ No ____
If yes, explain: _____
6. Are you currently pursuing a higher degree or an additional area of certification?
Yes ____ No ____

ALL APPLICANTS MUST COMPLETE THIS SECTION

By my signature, I attest that the information contained in this application is true and represents me accurately. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. I understand that any false or misleading information given in this application or interview(s) may result in me not being considered for the position(s) for which I have applied or if employed may result in my termination. I understand that the application will remain in the personnel files of the Amite County School District for 12 (twelve) months from the date of application and will then be destroyed.

Applicant's Signature _____ Date _____

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