



# FRANKLIN COUNTY SCHOOL DISTRICT

P. O. Box 605

Meadville, Mississippi 39653

Telephone (601) 384-2340 Fax (601) 384-2393

## EMPLOYMENT APPLICATION

For Non-Certified Positions

The accuracy and completeness with which this form is prepared will be a factor in its consideration. Applications for employment are received and maintained in the Office of the Superintendent of Schools.

### APPLICATION REQUIREMENTS FOR PERSONNEL

**RECOMMENDATION FORMS** – References will be checked. Personnel of the Franklin County Public School District will mail recommendation forms to the individuals listed as references on the application form for positions requiring written recommendations.

**BACKGROUND CHECK**- Applicants must pass a child abuse registry check and a criminal background check.

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**STATUS OF APPLICATIONS** – Applications will remain in the active file for a period of ONE year and then will be classified as inactive unless the applicant notifies the Franklin County Public School District in writing to keep the application current.

**Please return application to:**

**FRANKLIN COUNTY SCHOOL DISTRICT**

**P.O. Box 605**

**Meadville, MS 39653**

*Pursuant to the provisions of Title IX of the Education Amendment of 1972; the Education for the Handicapped Act, P.L. 94-142; Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act; it is the policy of the Franklin County School District not to discriminate on the basis of sex, race, color, religion, national origin, handicap, or age in the educational programs, activities, or employment practices.*

# FRANKLIN COUNTY SCHOOL DISTRICT

P. O. Box 605  
Meadville, Mississippi 39653  
Telephone (601) 384-2340 Fax (601) 384-2393

## Employment Application

DATE:

Position(s) Desired (Check One or More):

	<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Custodian	<input type="checkbox"/> Bus Driver
	<input type="checkbox"/> Secretary	<input type="checkbox"/> Cafeteria Worker	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Other _____		

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street or P.O. Box Number City State Zip Code

Permanent Address \_\_\_\_\_  
Street or P.O. Box Number City State Zip Code

Home Telephone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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

Are you presently employed?  Yes  No Date available for employment \_\_\_\_\_

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

Have you previously been employed by the Franklin County School District?  Yes  No

Do you have a valid Mississippi Teaching Certificate?  Yes  No

Certification level:  A  AA  AAA  AAAA Licensed Area(s): \_\_\_\_\_

Do you have a valid Mississippi School Bus Driver's 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: \_\_\_\_\_

### EDUCATION

Name of School and Location (Include High School and College in the Order Taken)	Dates Attended (Month - Year)	Degree Received	Major

### WORK EXPERIENCE

Name and Complete Address of Prior Employment	Period of Service	Number of Months	Nature of Work Duties & Responsibilities	Reason(s) for Leaving this Position

### REFERENCES

List the name, position, and address of four (4) individuals as your references. Please do not list relatives as references.

Name	Official Position	Address	Telephone Number

Please list any hobbies or interests that you may have: \_\_\_\_\_

List any office machines and computer programs that you are able to operate: \_\_\_\_\_

Do you take exceptional pride in your work?     Yes                       No

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

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for immediate dismissal in accordance with District policy. I hereby authorize the District and its representatives to verify any and all information furnished in this application including contacting past employers and my present employer. I release all parties, including my current or former employers, from all liability for any alleged damages that may result from my current or former employers furnishing any information to you regarding my previous employment experience.

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 Franklin County School District. 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_