



FRANKLIN COUNTY SCHOOL DISTRICT

P. O. Box 605

Meadville, Mississippi 39653

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

EMPLOYMENT APPLICATION

For 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 PROSPECTIVE TEACHING PERSONNEL

MISSISSIPPI TEACHING CERTIFICATE – A valid Mississippi Teaching Certificate, indicating certified areas of endorsement at the elementary or secondary grade level, should accompany each application. If a copy is not available at the time the application is returned, a copy should be sent as soon as possible to the Franklin County School District.

RECOMMENDATION FORMS – Personnel of the Franklin County Public School District will mail recommendation forms to the individuals listed as references on the application form.

TRANSCRIPTS – Official transcripts of all college credit must be furnished to the Franklin County Public School District before the application is complete. Transcripts must indicate that the applicant has a minimum of a bachelor's degree from an accredited college or university.

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

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

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EMPLOYMENT APPLICATION FOR A CERTIFIED POSITION

Date of Application _____ Date of Availability _____

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

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: _____

Position Desired Teacher Teacher/Coach Counselor Librarian Principal Other _____

Preferred Instructional Level(s) PK-2 3-5 6-8 9-12

Subjects you are certified to teach _____

First Choice
Second Choice
Third Choice
Fourth Choice

List any extracurricular areas which you are prepared to coach or direct _____

EDUCATION

Name of School and Location (Include High School, College, Graduate, and Post-Graduate Work in the Order Taken)	Dates Attended (Month - Year)	Degree Received	Major	Semester Hours in Major	Minor	Semester Hours in Minor

TEACHING EXPERIENCE

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

OTHER WORK EXPERIENCE

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

REFERENCES

List the name, position, and address of six (6) individuals as your references. Include a minimum of 4 educational or professional references. Also, include supervisors under whom you have worked. Please do not list relatives as references.

Name	Official Position	Address	Telephone Number

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 Board of Trustees and will cooperate fully with all district in-service programs for professional improvement. 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.

Signature _____

Date _____

FRANKLIN COUNTY SCHOOL DISTRICT

P.O. Box 605
Meadville, MS 39653

_____ is applying for the position of _____
in the Franklin County School District. Please complete the evaluation below based on your knowledge of the applicant's ability to perform in this position. Please return this form at your earliest convenience. Information you supply will be kept confidential.

Sincerely, _____

Recommendation Release Authorization

To Whom It May Concern:

I, the undersigned, request that the information solicited on the applicant recommendation form be released to the Franklin County School District. I understand that this information will be treated as confidential by the Franklin County School District and will not be available to anyone other than authorized personnel employed by the Franklin County School District. No signature means the applicant will have the right to read this reference.

Applicant's Signature _____ Date _____

Please mark the appropriate section in each area.

AREA	Especially Strong	Satisfactory	Needs Improvement	Unacceptable	Cannot Judge
Initiative/self-reliance					
Reliability					
Punctuality					
Use of sound judgment					
Cooperates with administration					
Cooperates with students/parents					
Cooperates with teachers					
Command of English language					
Skill as instructor					
Ability to maintain classroom control					
Planning and preparation for teaching					
Competency in academic field					
Accuracy of reports					
Adaptability to new ideas					
Professional attitude					
Enthusiasm for teaching					
Attention to individual needs of pupils					
General rating (overall)					

In what capacity have you known this applicant? _____

What are the applicant's strengths and limitations?

Have you seen the applicant teach? Yes _____ No _____

Is the applicant open-minded to suggestions? Yes _____ No _____

Would you employ or re-employ this applicant for this position? Yes _____ No _____

Remarks:

This evaluation includes the period from _____ to _____.
(Month/Year) (Month/Year)

Date: _____ Signature: _____

Position: _____ Telephone Number: _____

Business Address: _____

Please return this recommendation form directly to:

FRANKLIN COUNTY SCHOOL DISTRICT
P.O. Box 605
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