

Smith County School District
 PO BOX 308 • RALEIGH MS, 39153
 (601) 782-4296

DATE ___ / ___ / ___ (MM/DD/YYYY)

DOB ___ / ___ / ___

NAME _____
LAST FIRST MI

SSN ____ - ____ - ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE ____ - ____ - ____ EMAIL _____

POSITION DESIRED (CHECK ALL THAT APPLY)

<input type="checkbox"/> TEACHER <input type="checkbox"/> COACH <input type="checkbox"/> COUNSELOR <input type="checkbox"/> COORDINATOR <input type="checkbox"/> ADMINISTRATOR
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Do you hold a MS Teaching Certificate? YES NO EXPIRATION DATE ___ / ___ / ___

ENDORSEMENT	CODE	ENDORSEMENT	CODE

If no, list remaining requirements to obtain license:

INSTRUCTIONAL LEVEL DESIRED

Indicate 1st and 2nd choice

_____ Kindergarten _____ Grades 1-3

Grades 4-6 Subject(s) _____

Grades 7-8 Subject(s) _____

Grades 9-12 Subject(s) _____

Special Education Grade Level _____ EMR SLD OTHER

Have you been previously employed by Smith County Schools? YES NO

If yes, give dates of employment: _____

Do you have any relatives working in Smith County Schools? YES NO

If yes, give name, relationship, and position:

Are you presently under contract to any school system? Yes No

If yes, give name of school system _____ until _____ Salary \$ _____

Have you ever been asked to resign, been discharged or failed to be re-employed for a teaching position?

Yes No If yes, give details

List professional organizations of which you are a member:

List all community organizations in which you have participated within the past 5 years:

EDUCATION College or University Date Attended Degree Major

	From _____ To _____	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate	
	From _____ To _____	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate	
	From _____ To _____	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate	
	From _____ To _____	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate	
	From _____ To _____	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate	

Transcripts will be required upon hire

TEACHING EXPERIENCE

Name of School System Dates of Service Grades and Subject(s) Taught Reason for Leaving

	From _____ To _____		
	From _____ To _____		
	From _____ To _____		
	From _____ To _____		

Experience Other Than Teaching (Begin with the most recent)

Employer	City	ST		Type of work	Reason for leaving
			From _____ To _____		
			From _____ To _____		
			From _____ To _____		

REFERENCES

List 3 individuals who are qualified to answer questions concerning your fitness for the position you seek. Include principals, supervisors and superintendents under whom you have taught school in addition to college professors and supervising teachers. Please do not list relatives as references.

NAME OFFICIAL POSITION ADDRESS PHONE EMAIL

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 in-service programs for professional improvement. I understand that this application will remain in the active file for a period of 1 year and then will be classified as inactive.

DATE ___ / ___ / ___ APPLICANT'S SIGNATURE _____

THE SMITH COUNTY SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN, AGE OR HANDICAP