

CALHOUN COUNTY SCHOOL DISTRICT

119 W. MAIN
 PITTSBORO, MISSISSIPPI 38951
 Telephone 662-412-3152

EMPLOYMENT APPLICATION

Date

<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Cafeteria Supervisor	<input type="checkbox"/> Maintenance Supervisor
<input type="checkbox"/> Teacher Aide	<input type="checkbox"/> Cafeteria Manager	<input type="checkbox"/> Maintenance Worker
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Cafeteria Worker	<input type="checkbox"/> Custodian
<input type="checkbox"/> Secretary	<input type="checkbox"/> Clerk	<input type="checkbox"/> Other _____ (Specify)
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Assistant Teacher	

(Requires AA degree or 48 college hours or passing score on Work Keys)

NAME _____ SOCIAL SECURITY # _____
 LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET CITY STATE ZIP CODE

UNTIL _____
 DATE AREA CODE TELEPHONE

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP CODE

AREA CODE TELEPHONE

EDUCATION (circle one or more)

High School Years Completed	1	2	3	College Years Completed	1	2	3	G.E.D.	Yes	No	Degree(s)	B.S.	B.A.	Master's
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Do you hold a Mississippi Teacher Certificate? Yes No

Endorsements _____
 (Class) (Type) Major Teaching Areas

Do You Hold These Certificates? (circle one)

	Valid Period			
	From	To		
School Bus Driver Certificate	Yes	No	_____	_____
School Food Service Supervisor Certificate	Yes	No	_____	_____
School Food Service Manager Certificate	Yes	No	_____	_____

Have you previously been employed by Calhoun County Schools? _____ Yes _____ No

Are you presently employed? Yes / No (Present employer may be contacted as reference? Yes / No)
 If yes, with whom? _____ Type of work _____

List the office machines you are able to operate and describe your computer skills: _____

Date Available for Employment: _____

List School in which you are applying for employment (1st, 2nd, and 3rd choice)

BRUCE _____ CALHOUN CITY _____ VARDAMAN _____

Calhoun County School District does not discriminate on the basis of sex, race, religion, color, national origin, age or handicap.

Include High School, College, Graduate, Post Graduate Work in Order Taken	Dates Attended Month - Year	Degree Received	Major Subject	Sem. Hrs. in Major	Minor Subject	Sem. Hrs. in Minor
_____	From _____ 19____ To _____ 19____					
_____	From _____ 19____ To _____ 19____					
_____	From _____ 19____ To _____ 19____					

EXPERIENCE

Name and Complete Address of Employer	Period of Service Exact Month, Year	No. of Months	Position	Reason for Leaving
_____	From _____ 19____ To _____ 19____			
_____	From _____ 19____ To _____ 19____			
_____	From _____ 19____ To _____ 19____			

Have you ever been asked to resign, been discharged, or failed to be reemployed? Yes _____ No _____

If yes, give details _____

Have you ever been convicted of an offense other than a misdemeanor? Yes _____ No _____

If yes, explain _____

Are you a citizen of the United States? Yes _____ No _____

List any additional information you wish to submit _____

REFERENCES

List the name, position, and address of four (4) individuals as your references. Include supervisors under whom you have worked. Please do not list relatives as references.

NAME	OFFICIAL POSITION	ADDRESS (STREET, CITY, STATE & ZIP)	PHONE NUMBER

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. I authorize the above references to be contacted and employment history to be checked. I agree to a criminal background check and understand that this criminal background check of all new employees is performed at the employee's expense. If employed, I agree to abide by all policies approved by the School Board and will cooperate fully with inservice programs for improvement. I understand that this application will remain in the active file for a period of one year and will then be classified as inactive unless I notify the Superintendent's office in writing to keep the application current. I am aware that the facilities of Calhoun County School District are smoke/tobacco free. I am aware that positions covered by this application are deemed at-will.

Date _____

Signature _____

**QUESTIONNAIRE FOR APPLICANTS FOR SCHOOL FOOD SERVICE
CALHOUN COUNTY SCHOOL DISTRICT**

Working in the school cafeteria in Calhoun County is demanding. For the right person, it can also be rewarding and enjoyable. In order to assist us in selecting the people, who are best suited for this job, please complete the following and return with your application.

APPLICANT'S NAME: _____

DO YOU HAVE A CURRENT APPLICATION ON FILE? _____

_____ Can you/Are you willing to lift and carry food items or objects weighing up to 50 pounds?

_____ Can you work with chemicals and cleaning agents?

_____ Can you withstand a wide range of temperatures?

_____ Do you have the stamina to stand and walk on hard flooring for long periods of time?

_____ Are you willing to prepare food for students with the same goals in mind that you would have in preparing a meal for your family (good quality at lowest possible expense)?

_____ Dealing with people in a pleasant, positive manner is a large part of working in the cafeteria. Do you feel that you have the personality to work with students, teachers, administrators, patrons, and the general public in a friendly, cooperative manner on a day-to-day basis?

_____ In order to have lunches ready on time for the number of people we feed in the cafeteria each day, it is necessary that workers be punctual and have few absences. Do you have a previous work record that you do not mind us checking to verify that you are a punctual person with a record of few absences?

If yes, give the name, address, and phone number of person to contact:

NAME _____ PHONE _____

_____ Do you have a history of any medical problem, which would prevent you from doing the physically demanding type of work, required in the cafeteria?

_____ A high school diploma or equivalent (GED) is REQUIRED in order to work in the cafeteria on a full-time basis. Do you hold a high school diploma or GED?

_____ A policy of only one family member per school cafeteria is a requirement. Do you have a member of your immediate family working in the school cafeteria for which you are applying for work?

_____ Are you willing to treat each child in the same manner regardless of race, creed, color, age, origin, or whether or not they are your own?

_____ A person who is fast-motoned can get twice as much done as one who moves at a snail's pace (this is very important when you are preparing lunch for several hundred in a short period of time). Are YOU fast-motoned (move fast)?

**Write a short paragraph on the back of this sheet explaining why you would like to work in the cafeteria.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP! *Employer Completes Next Page* STOP!



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.