

SMITH COUNTY SCHOOL DISTRICT

P O BOX 308

RALEIGH, MS 39153

PHONE: 601-782-4296

FAX: 601-782-9895

DATE: \_\_\_\_\_

**NON-CERTIFIED EMPLOYMENT APPLICATION**

**POSITIONS (CHECK ONE OR MORE)**

<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Cafeteria Supervisor	<input type="checkbox"/> <b>Teacher Aide</b> <b>Work Keyes</b> ___Yes___No <b>2 Years College</b> ___Yes___No
<input type="checkbox"/> Cafeteria Manager	<input type="checkbox"/> Cafeteria Worker	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Clerk	<input type="checkbox"/> Custodian
<input type="checkbox"/> Maintenance Supervisor	<input type="checkbox"/> Maintenance Worker	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Bookkeeper	
<input type="checkbox"/> Other (Specify) _____		

NAME \_\_\_\_\_  
Last First Middle Maiden

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Telephone Number \_\_\_\_\_

**EDUCATION (Circle one or more)**

High School Years Completed	1 2 3 4	Degree(s)
College Years	1 2 3 4 5	___BS___BA
G.E.D. ___Yes___No		___Master's
Diploma ___Yes___No		

Do you hold these certificates?

	YES	NO	Valid Period	
			From	To
School Bus Driver's Certification	_____	_____	_____	_____
Commercial Driver's Licence (Class _____)	_____	_____	_____	_____
School Food Service Supervisor Certificate	_____	_____	_____	_____

Have you ever been employed with Smith County Schools? Yes\_\_\_ No\_\_\_  
If yes, when and where \_\_\_\_\_

Are you presently employed? Yes\_\_\_ No\_\_\_  
If yes, with whom? \_\_\_\_\_ Type of work \_\_\_\_\_

List the office machines your are able to operate: \_\_\_\_\_

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\_\_\_

Date available for employment \_\_\_\_\_

Schools	School District	City and State	# Years	Graduation Date
Elementary				
Secondary				

**COLLEGE AND PROFESSIONAL EDUCATION**

Names and Address of College where credits have been earned	Dates Attended	Degree(s) Earned

**EXPERIENCE**

Name and Address of Employer	Type of Work	Reason for leaving	Date of Service

**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	TELEPHONE NUMBER

**READ CAREFULLY AND SIGN THE FOLLOWNG 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 Smith County Board of Education and will cooperate fully with inservice programs for improvement. I understand that this application will remain in the active file for a period of two years and I will be classified as inactive unless I notify the personnel office in writing to keep the application current.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date