



**WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT**

**909 HWY 8 - PO BOX 189**

**Rosedale, MS 38769**

**Phone # 662-759-3525 Fax# 662-759-6316**

**L'Kenna Whitehead, Superintendent**

**Certified Personnel Application (PLEASE PRINT)**

Date of Application \_\_\_\_\_

**PERSONAL DATA**

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

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

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

**TEACHING PREFERENCES AND COMPETENCIES**

Level Preferred: (Please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice of grade levels)

\_\_\_\_ Elementary (K-4) \_\_\_\_ Middle School (5-8) \_\_\_\_ High School (9-12) \_\_\_\_ Administration

Position Preferred: (Please include subject and/or grade level)

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

List other subjects you are qualified to teach: \_\_\_\_\_

List any activities you are willing to supervise; i.e., clubs, groups, drama, etc. \_\_\_\_\_

List any sports you are willing to coach; i.e., intramurals, volleyball, football, etc. \_\_\_\_\_

I will be available to start: (date) \_\_\_\_\_

List and give the extent of any special training you have had that is not mentioned above. Applicants for Grades K-8 (inclusive) complete in as much detail as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

Note: Please submit a photocopy of all of your Mississippi teaching certificates with this application.

MS Certificates You Hold	Date Issued	Date of Expiration	Certificate Number	Subject or Grades Appearing on Certificates

**ACADEMIC PREPARATION FOR TEACHING**

List high schools, colleges, universities, and training institutions attended.

	Dates Attended	School and Location	Degree/ Date	Major and Minor	Semester Hours	Grade Average
H. S.			Diploma			
U N I V E R S I T I E S						

Any degree presently pursuing \_\_\_\_\_ Date degree to be conferred \_\_\_\_\_

Distinctions and Honors: \_\_\_\_\_

Activities: \_\_\_\_\_

**TEACHING EXPERIENCE**

A. Student Teaching or Educational Intern Experience

Name of School City and State	Grade Level/ Subject	Supervising Teacher/ Phone Number	Dates

B. Regular Teaching - Include all contracted positions you have held as a certificated teacher and school administrator. List chronologically with most recent positions first.

Name of School/ Address (Zip Code)	Superintendent/Principal Name/Phone No.	Grades, Subjects Taught and Related Assignments	Dates		Total Years
			From	To	

You have my permission to contact any of the above mentioned persons?     Yes     No

Are you presently under contract?     Yes     No

If yes, to whom? (School System) \_\_\_\_\_

Have you ever been discharged or requested to resign from a teaching or administration position?     Yes     No

If yes, explain \_\_\_\_\_

Have you ever been convicted of a violation of law other than a minor traffic violation?     Yes     No

If yes, explain \_\_\_\_\_

Have you ever had a teaching certificate or teaching license revoked or suspended?     Yes     No

If yes, explain \_\_\_\_\_

List participation within the last two years in any professional activity for the improvement of the school(s) where you have been employed: e.g., curriculum revision, pupil progress reports, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER EXPERIENCE**

Other work experiences which I believe have been valuable to my career are:

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**LEGAL NOTIFICATION**

It is understood that West Bolivar Consolidated School District may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCII) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the receipt of the BCII report, my continued employment will be conditional on receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCES**

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please include administrators with whom you have worked, teachers you have supervised, or parents you have worked with.

Do we have your permission to contact these persons at this time?     Yes     No  
(Please add additional names to your resume.)

Name	Address	Phone No.	Position/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you requested to have your credentials sent to us?     Yes     No

***We will only accept original or digital copy of application.***

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Position of Interest: \_\_\_\_\_ Early Childhood (PK-3)

\_\_\_\_\_ Middle Childhood (4-9)

\_\_\_\_\_ Adolescence to Young Adult (7-12)

\_\_\_\_\_ Multi-Age (PK-12)

\_\_\_\_\_ Intervention Specialist

Degrees: \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Ed.S. + Ph.D.

Teaching Experience: \_\_\_\_\_ Years

Subject Areas (If Applicable):

Copies Received: \_\_\_\_\_ Transcript

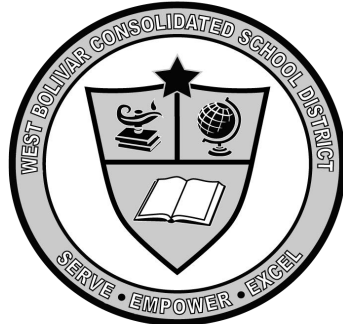
\_\_\_\_\_ Certificate

\_\_\_\_\_ NTE

Credentials: \_\_\_\_\_ Requested

\_\_\_\_\_ Received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CERTIFIED PERSONNEL  
APPLICATION FORM**

West Bolivar Consolidated School District  
909 Hwy 8 - PO Box 189  
Rosedale, MS 38769

PH. 662-759-3525 FAX 662-759-6316

It is the policy of the West Bolivar Consolidated School District Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, disability, sex, or military status. No person shall be denied employment solely because of an impairment which is unrelated to the ability to engage in activities involved in the position for which application has been made.

Should you be contacted for an interview and require any special accommodations, please contact Mr. John I. Taylor, Superintendent, at 662-759-3525. We will utilize this information only in a manner consistent with the Americans With Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973.