

**CARROLL COUNTY SCHOOL DISTRICT**  
**P.O. BOX 256**  
**CARROLLTON, MISSISSIPPI 38917**  
**Phone: (662) 237-9276      Fax: (662) 237-9703**

**EMPLOYMENT APPLICATION FOR CERTIFIED STAFF**

Dear Applicant:

We appreciate your interest in the Carroll County School District (“CCSD”). *Your application has to be mailed to the Carroll County School District’s Superintendent of Education Office, PO Box 256, Carrollton, MS 38917 or turned in at 603 Lexington Street, Carrollton, MS to be considered for employment with Carroll County School District.* The following information should accompany your application:

- \_\_\_\_\_ Transcript indicating receipt of Bachelor’s degree
- \_\_\_\_\_ NTE Scores or Praxis Scores
- \_\_\_\_\_ Copy of valid Mississippi Educator License
- \_\_\_\_\_ Three completed and signed letters of recommendation. Please complete the first two lines of the of the enclosed “Letter of Recommendation” and make three copies. Provide the copies of the letter to the people who will provide the recommendation and request the completed and signed letter be returned directly to the address listed above.
- \_\_\_\_\_ Verification of former teaching experience, if applicable. Please complete the top portion down to the line of asterisks and make the number of copies you need depending on your work experience. Provide the copies to the Entities where you have teaching experience and request the completed and signed verifications be returned directly to the address above.

Should an applicant be employed by CCSD the applicant will need to be Board approved and sign a contract with CCSD. There will be more documents for tax withholding, citizenship status, benefits, etc., that will need to be completed and signed at the Central Administrative Office prior to the issuance of the first pay warrant. CCSD will require a background check and a drug and alcohol test, and CCSD will withhold the cost of these from your first paycheck.

All applicants for professional staff positions at CCSD must hold or be able to obtain a Mississippi Teaching Certificate at the elementary or secondary level with endorsements for the area or areas in which employment is sought. The responsibility for maintaining an up-to-date folder shall rest entirely upon the applicant. Your application will be placed on file for principals to view as vacancies occur in their schools. The principals shall schedule interviews when vacancies occur. Incomplete applications will not be considered.

Thank you again for your interest in the Carroll County School District. Your application will remain in the active files for a period of ninety (90) days and will then be classified as inactive unless you notify the personnel office in writing to keep the application current.

Sincerely,

Joey L. Carpenter  
Superintendent of Education

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**CHECKLIST OF ITEMS REQUIRED**

1. \_\_\_\_\_ **Completed Application**
2. \_\_\_\_\_ **Transcripts**
3. \_\_\_\_\_ **NTE/Praxis Scores**
4. \_\_\_\_\_ **Mississippi Educator License**
5. \_\_\_\_\_ **Letters of Reference (Complete and send out form)**
6. \_\_\_\_\_ **Verification of Former Teaching Experience**

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**EMPLOYMENT APPLICATION FOR CERTIFIED STAFF**

Date of Application: \_\_\_\_\_ Date of Availability: \_\_\_\_\_

Position Desired: \_\_\_ Teacher \_\_\_ Coach \_\_\_ Administrator \_\_\_ Supervisor \_\_\_ Librarian

The accuracy and completeness with which this form is prepared will be a factor in its consideration. If you do not answer any items on this form, include with this application a statement giving the reason. Applications are sent to all who request, regardless of vacancies.

**Please Type or Print Legibly**

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

Present Address: \_\_\_\_\_  
Street City State Zip Code Telephone

Permanent Address: \_\_\_\_\_  
Street City State Zip Code Telephone

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mississippi Teaching License Area(s) of Endorsement

**Level of Endorsement: (Please check)**

___ AAAA	Administrator	___ Elem.	___ Secondary	___ Score on Common Exam
___ AAA	Supervisor	___ Area		___ Score on Teaching Exam
___ AA	Secondary	___ Subject Area		___ Total Score
___ A	Elementary	___ Subject Area		
	Special Subject	___ Subject Area		Grade Point Average
	Permit	___ Area		___ Undergraduate
	Life Certificate	___ Area		___ Graduate
				___ Post Graduate

National Board Certified:  Yes  No

Grade Preference: First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Third Choice \_\_\_\_\_

Subject Preference: First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Third Choice \_\_\_\_\_

Special Education: First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Third Choice \_\_\_\_\_

\_\_\_ Emotionally Disturbed \_\_\_ Learning Disabilities \_\_\_ Physically Handicapped \_\_\_ Gifted

\_\_\_ Hearing Impaired \_\_\_ Speech Correction \_\_\_ Visually Impaired \_\_\_ Mentally Retarded

Other Professional Areas \_\_\_\_\_

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**EDUCATIONAL BACKGROUND**

**Elementary and Secondary Education**

School	School District	City & State	Number of Years Attended	Date of Graduation
Elementary				
Secondary				

**College and Professional Education**

Name of College	Address	Dates Attended	Degree Earned	Major	Minor

**TEACHING EXPERIENCE**

List your teaching experience below in chronological order. List name of school, grades and subjects taught, dates of teaching experience, number of years taught, and the name of the supervising principal. Please provide verification of experience. (Please add an attachment if needed to list all experience). If no teaching experience, list student teaching.

Name of School/ School District	Complete Address of School/School District	Dates of Service From To	Number of Years	Supervising Principal	Reason for Leaving

Total Number of Years in an Accredited School \_\_\_\_\_

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Additional pay cannot be granted for experience without written verification from previous district(s). If a contract is issued by CCSD, employee shall have up to forty-five (45) days from the date of the original contract to submit appropriate verified documentation as to previous work experience for the purpose of additional compensation.

Credit for previous teaching experience will be based on the following criteria. All five must be met before credit will be allowed:

1. A teaching license was required to hold your previous job.
2. A contract was issued by your school district.
3. The organization you were employed by was accredited by an appropriate agency.
4. Employment consisted of five days a week-six or more hours a day.
5. Employment consisted of an eight- month or longer work year.

**REFERENCES**

List the names of three (3) individuals to whom you are giving the enclosed reference forms. Please do not list relatives as references. Include individuals who have knowledge of your work experience, job competency, and personal characteristics.

NAME	POSITION	ADDRESS (Street, City, State, & Zip Code)	PHONE

Are you currently under contract to any school system?  YES  NO If yes, name of school system: \_\_\_\_\_ Contract ending date: \_\_\_\_\_

Have you ever been dismissed or failed to be rehired?  YES  NO If yes, please explain. \_\_\_\_\_

Have you ever been convicted of any offense other than a misdemeanor?  YES  NO If yes, attach full details. \_\_\_\_\_

YES  NO I am legally authorized to work in the United States.  
 YES  NO I can perform the essential functions of this job with or without reasonable accommodation.

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**READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.**

**This application will be placed on file for consideration as vacancies arise. It should be accurate and complete in every detail. When an opening develops in your endorsed area(s), the principal who has the opening will review applications of those qualified applicants and establish interviewing times. If you have questions concerning your status as an applicant, call the principal at the school where you were interviewed. Only applicants with completed applications may be considered for employment. This application will remain on file for a period of ninety (90) days and will be classified as inactive unless you notify the personnel office in writing to keep the application current.**

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According to State Law, all public employees not previously employed prior to July 1, 2002, must have on file a criminal record background check and current child abuse registry check. This process includes fingerprinting and the FBI national criminal history record check. Any employment contract executed by the superintendent shall be null and void if the new hire receives a disqualifying criminal record check and/or derogatory results. My employment is contingent upon the successful completion of the background check. I understand a \$32.00 non-refundable fee is due and payable by the applicant at the time of hire. Any falsification on the application may preclude further consideration of the application. If already employed when the falsification is discovered, the employee would be subject to disciplinary action, up to and including discharge.

I hereby declare that the information obtained herein is true. I have never been convicted of a criminal act nor served time for such actions. By signing I also voluntarily grant the Carroll County School District the right to request a Child Abuse Background Check with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with children.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The Carroll County School District offers employment opportunities to all persons without discrimination in regard to age, sex, race, religion, disability, or national origin.

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**EMPLOYMENT APPLICATION FOR CERTIFIED STAFF**  
**REQUEST FOR VERIFICATION OF EMPLOYMENT**

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

To: Personnel Department

\_\_\_\_\_ School Name

\_\_\_\_\_ Address

\_\_\_\_\_

I was employed by your school district during the years of: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

I taught under the name \_\_\_\_\_, SS# \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_.

Sincerely,

\_\_\_\_\_

\*\*\*\*\*

**Verification of Teaching Experience**

This is to certify that \_\_\_\_\_ was employed in the \_\_\_\_\_

\_\_\_\_\_ School District as follows:

(Please list each school year separately).

SCHOOL YEAR	EMPLOYED FROM	EMPLOYED TO	NUMBER OF MONTHS	NUMBER OF DAYS	POSITION HELD

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

Please complete and mail directly to: Carroll County School District  
 Office of the Superintendent  
 P.O. Box 256  
 Carrollton, MS 38917

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**LETTER OF RECOMMENDATION**

Reference For: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Name of Applicant)

Position Applied For: \_\_\_\_\_ School Year Applied For: \_\_\_\_\_  
 \_\_\_\_\_  
 (Specify area if secondary)

Your name has been given to us as a reference for the above named applicant. Please give us your confidential appraisal and return this form to the above address at your earliest convenience. We appreciate your help in making this evaluation. Please be assured that this information will be kept confidential.

<b>Please place an (x) in the applicable column</b>	<b>Excellent</b>	<b>Above average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>	<b>Not Observed</b>
Leadership Skills and Abilities						
Supervisory Skills						
Management Skills						
Knowledge of Instructional Process						
Curriculum Knowledge						
Initiative						
Professional Attitude						
Use of English Language						
Interpersonal Relations						
Planning and Organizing						
Poise and Self Control						
General Rating (Overall)						

Please indicate the degree of your acquaintance with the applicant: \_\_\_ Known well as a student;  
 \_\_\_ Known as a member of a large class; \_\_\_ Known as an employee; \_\_\_ Known personally;  
 \_\_\_ Other \_\_\_\_\_

This evaluation includes the period of service from \_\_\_\_\_ to \_\_\_\_\_.  
 (Mo/Day/Year) (Mo/Day/Year)

Would you be willing to employ or reemploy this applicant?  Yes  No  Undecided

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

Position: \_\_\_\_\_ School or Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Use reverse side of this form for additional remarks reflecting on the applicant's qualifications.

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**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.**

**This is a *VOLUNTARY* survey that does not have to be completed by applicant to be considered for employment. It is not part of your official application for employment. It is considered confidential information and will not be used in any hiring decision.**

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Position applied for:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
Street City State Zip

**Telephone:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Area Code Phone

**Sex:** \_\_\_ Male \_\_\_ Female

**Marital Status:**  
\_\_\_ Married  
\_\_\_ Single  
\_\_\_ Divorced  
\_\_\_ Separated  
\_\_\_ Widow/Widower

**Check one of the following Race/Ethnic Groups:**  
\_\_\_ Black  
\_\_\_ White  
\_\_\_ Hispanic  
\_\_\_ American Indian/Alaska Native  
\_\_\_ Asian/Pacific Islander