

**Carroll County School District**  
**P.O. Box 256**  
**Carrollton, MS 38917-0256**

Date \_\_\_\_\_

**Position(s) Applying for (check as many as interest you):**

<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	

NAME \_\_\_\_\_  

LAST
FIRST
MIDDLE

ADDRESS \_\_\_\_\_  

STREET
CITY
STATE
ZIP

TELEPHONE \_\_\_\_\_

**EDUCATION (circle one or more)**

High School Years Completed	1	2	3	4	5	G.E.D. Yes	No	Degree(s)	B.S.	B.A.	Master's
-----------------------------	---	---	---	---	---	------------	----	-----------	------	------	----------

Do you hold these Certificates? (circle & complete)

			<u>Valid Period</u>	
	Yes	No	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 Carroll County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom? \_\_\_\_\_ Type of Work \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Check for which school you are applying for employment:

All \_\_\_\_\_ J.Z. George High School \_\_\_\_\_ Marshall Elementary School \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**Elementary and Secondary Education**

	School	City, State	Number of Years Attended	Graduation Date
Elementary				
Secondary				

**College and Professional Education**

Name of College	Address	Dates Attended	Degree Earned	Major	Minor

**EXPERIENCE**

Name and Complete Address of Employer	Position Held	Period of Service From / To	Number of Months/Years	Supervisor	Reason For Leaving

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

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



**PERMISSION FOR BACKGROUND CHECK**

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

I, \_\_\_\_\_, give my permission for the Carroll County School District to conduct a background screening check with law enforcement, the Child Abuse Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Carroll County School District. I further understand that this information will only be used in regard to the above application.

Furthermore, I understand that if I am hired by the Carroll County School District, my employment is contingent upon the successful completion of the background check, and my application for employment is null and void if derogatory results are obtained.

I understand a \$32.00 non-refundable fee is due and payable by the applicant at the time of hire.

***Please Print:***

Name: \_\_\_\_\_

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

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Carroll County School District**  
**P.O. Box 256**  
**Carrollton, MS 38917-0256**

Date \_\_\_\_\_

**Position(s) Applying for (check as many as interest you):**

<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	

NAME \_\_\_\_\_  
LAST
FIRST
MIDDLE

ADDRESS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

TELEPHONE \_\_\_\_\_

**EDUCATION (circle one or more)**

High School Years Completed	1	2	3	4	5	G.E.D. Yes	No	Degree(s)	B.S.	B.A.	Master's
-----------------------------	---	---	---	---	---	------------	----	-----------	------	------	----------

Do you hold these Certificates? (circle & complete)

			<u>Valid Period</u>	
	Yes	No	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 Carroll County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom? \_\_\_\_\_ Type of Work \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Check for which school you are applying for employment:

All \_\_\_\_\_ J.Z. George High School \_\_\_\_\_ Marshall Elementary School \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**Elementary and Secondary Education**

	School	City, State	Number of Years Attended	Graduation Date
Elementary				
Secondary				

**College and Professional Education**

Name of College	Address	Dates Attended	Degree Earned	Major	Minor

**EXPERIENCE**

Name and Complete Address of Employer	Position Held	Period of Service From / To	Number of Months/Years	Supervisor	Reason For Leaving

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

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



**PERMISSION FOR BACKGROUND CHECK**

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

I, \_\_\_\_\_, give my permission for the Carroll County School District to conduct a background screening check with law enforcement, the Child Abuse Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Carroll County School District. I further understand that this information will only be used in regard to the above application.

Furthermore, I understand that if I am hired by the Carroll County School District, my employment is contingent upon the successful completion of the background check, and my application for employment is null and void if derogatory results are obtained.

I understand a \$32.00 non-refundable fee is due and payable by the applicant at the time of hire.

***Please Print:***

Name: \_\_\_\_\_

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

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Carroll County School District**  
**P.O. Box 256**  
**Carrollton, MS 38917-0256**

Date \_\_\_\_\_

**Position(s) Applying for (check as many as interest you):**

<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	

NAME \_\_\_\_\_  

LAST
FIRST
MIDDLE

ADDRESS \_\_\_\_\_  

STREET
CITY
STATE
ZIP

TELEPHONE \_\_\_\_\_

**EDUCATION (circle one or more)**

High School Years Completed	1	2	3	4	5	G.E.D. Yes	No	Degree(s)	B.S.	B.A.	Master's
-----------------------------	---	---	---	---	---	------------	----	-----------	------	------	----------

Do you hold these Certificates? (circle & complete)

			<u>Valid Period</u>	
	Yes	No	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 Carroll County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom? \_\_\_\_\_ Type of Work \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Check for which school you are applying for employment:

All \_\_\_\_\_ J.Z. George High School \_\_\_\_\_ Marshall Elementary School \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**Elementary and Secondary Education**

	School	City, State	Number of Years Attended	Graduation Date
Elementary				
Secondary				

**College and Professional Education**

Name of College	Address	Dates Attended	Degree Earned	Major	Minor

**EXPERIENCE**

Name and Complete Address of Employer	Position Held	Period of Service From / To	Number of Months/Years	Supervisor	Reason For Leaving

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

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



**PERMISSION FOR BACKGROUND CHECK**

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

I, \_\_\_\_\_, give my permission for the Carroll County School District to conduct a background screening check with law enforcement, the Child Abuse Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Carroll County School District. I further understand that this information will only be used in regard to the above application.

Furthermore, I understand that if I am hired by the Carroll County School District, my employment is contingent upon the successful completion of the background check, and my application for employment is null and void if derogatory results are obtained.

I understand a \$32.00 non-refundable fee is due and payable by the applicant at the time of hire.

***Please Print:***

Name: \_\_\_\_\_

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

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Carroll County School District**  
**P.O. Box 256**  
**Carrollton, MS 38917-0256**

Date \_\_\_\_\_

**Position(s) Applying for (check as many as interest you):**

<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	

NAME \_\_\_\_\_  
LAST
FIRST
MIDDLE

ADDRESS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

TELEPHONE \_\_\_\_\_

**EDUCATION (circle one or more)**

High School Years Completed	1	2	3	4	5	G.E.D. Yes	No	Degree(s)	B.S.	B.A.	Master's
-----------------------------	---	---	---	---	---	------------	----	-----------	------	------	----------

Do you hold these Certificates? (circle & complete)

			<u>Valid Period</u>	
	Yes	No	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 Carroll County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom? \_\_\_\_\_ Type of Work \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Check for which school you are applying for employment:

All \_\_\_\_\_ J.Z. George High School \_\_\_\_\_ Marshall Elementary School \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**Elementary and Secondary Education**

	School	City, State	Number of Years Attended	Graduation Date
Elementary				
Secondary				

**College and Professional Education**

Name of College	Address	Dates Attended	Degree Earned	Major	Minor

**EXPERIENCE**

Name and Complete Address of Employer	Position Held	Period of Service From / To	Number of Months/Years	Supervisor	Reason For Leaving

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

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



**PERMISSION FOR BACKGROUND CHECK**

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

I, \_\_\_\_\_, give my permission for the Carroll County School District to conduct a background screening check with law enforcement, the Child Abuse Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Carroll County School District. I further understand that this information will only be used in regard to the above application.

Furthermore, I understand that if I am hired by the Carroll County School District, my employment is contingent upon the successful completion of the background check, and my application for employment is null and void if derogatory results are obtained.

I understand a \$32.00 non-refundable fee is due and payable by the applicant at the time of hire.

***Please Print:***

Name: \_\_\_\_\_

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

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Carroll County School District**  
**P.O. Box 256**  
**Carrollton, MS 38917-0256**

Date \_\_\_\_\_

**Position(s) Applying for (check as many as interest you):**

<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	

NAME \_\_\_\_\_  
LAST
FIRST
MIDDLE

ADDRESS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

TELEPHONE \_\_\_\_\_

**EDUCATION (circle one or more)**

High School Years Completed	1	2	College Years Completed	1	2	3	G.E.D. Yes	No	Degree(s) B.S. B.A. Master's

Do you hold these Certificates? (circle & complete)

			<u>Valid Period</u>	
	Yes	No	From	To
School Bus Driver Certificate			_____	_____
School Food Service Supervisor Certificate			_____	_____
School Food Service Manager Certificate			_____	_____

Have you previously been employed by Carroll County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom? \_\_\_\_\_ Type of Work \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Check for which school you are applying for employment:

All \_\_\_\_\_ J.Z. George High School \_\_\_\_\_ Marshall Elementary School \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**Elementary and Secondary Education**

	School	City, State	Number of Years Attended	Graduation Date
Elementary				
Secondary				

**College and Professional Education**

Name of College	Address	Dates Attended	Degree Earned	Major	Minor

**EXPERIENCE**

Name and Complete Address of Employer	Position Held	Period of Service From / To	Number of Months/Years	Supervisor	Reason For Leaving

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

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



**PERMISSION FOR BACKGROUND CHECK**

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

I, \_\_\_\_\_, give my permission for the Carroll County School District to conduct a background screening check with law enforcement, the Child Abuse Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Carroll County School District. I further understand that this information will only be used in regard to the above application.

Furthermore, I understand that if I am hired by the Carroll County School District, my employment is contingent upon the successful completion of the background check, and my application for employment is null and void if derogatory results are obtained.

I understand a \$32.00 non-refundable fee is due and payable by the applicant at the time of hire.

***Please Print:***

Name: \_\_\_\_\_

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

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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