

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
	3	4		4	5			

Do you hold these Certificates? (circle & complete)	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 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

REFERENCES

List the names of three (3) individuals as references. Please do not list relatives as references. Include individuals who have knowledge of your work experience, job competency, and personal characteristics.

NAME	POSITION	ADDRESS	PHONE

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. If employed I agree to abide by all policies approved by the School Board and will cooperate fully with in-service programs for improvement. I understand that this application will remain in the active file for a period of 90 days and will 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 Carroll County School District are smoke and tobacco free.

Signature of Applicant: _____ Date: _____

The Carroll County School District offers employment opportunities to all persons without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Birth Date: _____

Sex (check one): Male Female

Marital Status (check one): Married Single Divorced Separated

Widow/Widower

Race/Ethnic Groups (check one):

Hispanic Black White American Indian/Alaskan Native

Asian/Pacific Islander

Days lost from work in the past two years because of illness: _____

Principal cause of lost work: _____

This survey is to be completed by applicant on a voluntary basis. It is NOT part of your official application for employment. It is considered confidential information and will not be used in any hiring decision.

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: _____