



WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT

L'Kenna Whitehead, Superintendent
P. O. Box 189 - 909 HWY 8
Rosedale, MS 38769
Telephone 662-759-3525

NON-CERTIFIED EMPLOYMENT APPLICATION

Date: _____	Position Applying For: _____
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NAME: _____ Social Security No. _____/_____/_____

Last
First
Middle

Date of Birth: _____ Email: _____

Present Address: _____

Street
City
State
Zip Code

Phone Number: _____ Mobile Number: _____

Area Code Number
Area Code Number

Special Requirements:

Teacher Assistants/Paraprofessionals - Minimum of 48 semester college hours or Completion of ACT WorkKeys (all 3 sections)

Substitute Teachers - Minimum of 48 semester college hours

Official College Transcript and/or ACT WorkKeys Verification must be submitted with completed application.

EDUCATION
(Circle one or more)

High School Years	College Years	G.E.D.	Diploma	Degree(s)
Completed <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Completed <u>1</u> <u>2</u> <u>3</u> <u>4</u>	___ Yes ___ No	___ Yes ___ No	BS BA Masters

Do you hold a Mississippi Teacher's Certificate? _____ Yes _____ No

Endorsements _____ Class _____ Type _____ Major Teaching Areas: _____

Do you hold any of these Certificates: Yes No Valid From: To:

School Bus Driver's Certificate				
School Food Service Certificate				
School Food Service Manager Certificate				

Have you previously been employed by West Bolivar Consolidated School District? _____ Yes _____ No

If yes, in what position: _____

Please list any clerical or computer skills: _____

West Bolivar Consolidated school District does not discriminate on the basis of sex, race, color, age, religion, national origin or handicapping conditions and is in compliance with the requirements of Title IX, Section 504 or Rehabilitation Act of 1973, and Educational Amendments of 1972. Employment is subject to background check and finger printing results, in accordance with state law. The identity and employment eligibility of all persons hired to work in the United States will be verified as required by Federal law.

Name of School & Location (include high school, college, graduate, & post graduate work in order taken	FROM: (Month & Year)	TO: (Month & Year)	DEGREE RECEIVED	MAJOR SUBJECT	SEMESTER HOURS IN MAJOR	MINOR HOURS

EMPLOYER NAME AND ADDRESS	MONTH /YEAR OF SERVICE	NUMBER OF MONTHS	POSITION	REASON FOR LEAVING POSITION

Have you ever been asked to resign, been discharged, or failed to be reemployed? _____ Yes _____ No

If yes, please give details: _____

Have you ever been convicted of an offense other than a misdemeanor? _____ Yes _____ No

If yes, please explain: _____

Are you a citizen of the United States? _____ Yes _____ No

List any additional information, which you wish to submit: _____

Date Available for Employment: _____

REFERENCES

Name	Official Position	Address (street, city, state, & zip code)	Phone Number

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 the policies approved by the Board of Trustees and will cooperate with in-service programs for improvement. I understand that this application will remain in the active file for a period of one year and will be classified as inactive unless I notify the personnel office in writing to keep the application current.

Applicant Signature

Date