

**SMITH COUNTY SCHOOL DISTRICT**  
**P.O. BOX 308 • RALEIGH, MS 39153**  
**PHONE: 601-782-4296 FAX: 601-782-9895**

**NON-CERTIFIED EMPLOYMENT APPLICATION**

POSITIONS (CHECK ONE OR MORE):

<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Cafeteria Manager	<input type="checkbox"/> Secretary	<input type="checkbox"/> Maintenance Supervisor
<input type="checkbox"/> Cafeteria Supervisor	<input type="checkbox"/> Cafeteria Worker	<input type="checkbox"/> Clerk	<input type="checkbox"/> Bookkeeper
<input type="checkbox"/> Teacher Aide	<input type="checkbox"/> Custodian	<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Maintenance Worker

Other (Specify) \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

**EDUCATION (Circle one or more)**

High School Years Completed: 1 2 3 4

College Years: 1 2 3 4 5

G.E.D. Yes  No  Diploma Yes  No  Degree(s): BS  BA  Master's

Do you hold these certificates? YES  NO

School Bus Driver's Certification \_\_\_\_\_

Commercial Driver's License (Class \_\_) \_\_\_\_\_

School Food Service Supervisor Certificate \_\_\_\_\_

Have you ever been employed with Smith County Schools? Yes  No

If yes, when and where \_\_\_\_\_

Are you presently employed? Yes  No  If yes, with whom? \_\_\_\_\_

Type of work \_\_\_\_\_

List the office machines you are able to operate: \_\_\_\_\_

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

Date available for employment \_\_\_\_\_

**Schools**

School	School District	City and State	# Years	Graduation Date
Elementary				
Secondary				

**COLLEGE AND PROFESSIONAL EDUCATION**

Name & Address of College	Dates Attended	Degree(s) Earned

**EXPERIENCE**

Name and Address of Employer	Type of Work	Reason for Leaving	Date of Service

**REFERENCES:**

List the name, position and address of four (4) individuals as your references. Include supervisors you have worked for. No relatives.

NAME	OFFICIAL POSITION	TELEPHONE NUMBER

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

**READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT:**

By my signature I attest that the information contained in this application is true and accurate. If employed, I agree to abide by policies approved by the Smith County School Board of Education.

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