

Application for Employment

ITAWAMBA COUNTY SCHOOL DISTRICT
605 S. CUMMINGS ST.
FULTON, MS 38843

NOTICE OF NON-DISCRIMINATION

The Itawamba County School District does not discriminate on the basis of race, color, religion, national origin, sex, age or disability in the provision of educational programs and services or employment opportunities and benefits. The following person has been designated to handle inquiries and complaints regarding the non-discrimination policies of the Itawamba County School District: Federal Programs Director, 605 South Cummings St., Fulton, MS 38843, 662-862-2159.

PLEASE PRINT

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment.) Yes No

If yes, please explain _____

Education (ATTACH COPY OF COLLEGE TRANSCRIPT IF APPLICABLE.)

Please check level of school completed:

Elementary GED High School Undergraduate College/University Graduate/Professional

Certification Data (For Certified Personnel)

Issued by State of _____ Type _____

Number _____ Areas of Endorsement _____

Class _____

Have you passed the NTE? Yes No Date: _____

Special Skills and Qualifications (Describe any specialized training, apprenticeship, other skills acquired from employment or other experience, or any additional information you feel may be helpful to us in considering your application.)

We Are An Equal Opportunity Employer

(COMPLETE BOTH SIDES)

References (Give name, address, and telephone number of three references who are not related to you and are not previous employers.)

1.
2.
3.

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the essential functions of the job for which you are applying? Yes No

If yes, what accommodations are necessary to enable you to perform the essential functions of the job? _____

Employment Experience (Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.)

1. Employer	Length of Service	Work Performed
Address	Telephone No.	
Job Title	Supervisor	
Reason for Leaving		
2. Employer	Length of Service	Work Performed
Address	Telephone No.	
Job Title	Supervisor	
Reason for Leaving		
3. Employer	Length of Service	Work Performed
Address	Telephone No.	
Job Title	Supervisor	
Reason for Leaving		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize a complete background search and reference check. This application for employment shall be considered active for a period of one year. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date