



31 CR 401
Corinth, Mississippi 38834
Phone: 662-286-5591 / Fax: 662-286-7766
Web-site: www.alcornschools.org

Application may be mailed or delivered to the address above or submitted electronically to cirvin@alcornschools.org

EMPLOYMENT APPLICATION FOR CERTIFIED STAFF

The accuracy and completeness of this form will be a factor in the consideration of your employment. If you do not wish to answer any part of this application, attach an explanation. Failure to accurately answer questions on this form completely and honestly may subject you to immediate termination. Applications are sent to all who request, regardless of vacancies.

Date of Availability: _____

Date of Application: _____

Position(s) Desired (check one or more): Teacher Coach Counselor Administrator

Name _____ Social Security No. ____/____/____
(As name appears of social security card)

Present Address _____
(Street) (City) (State) (Zip Code) (Telephone Number)

E-mail Address: _____

License: Submit a copy of your License. An official transcript and/or Praxis scores may be required prior to employment.

Class (A, AA, AAA, AAAA): _____

Endorsement(s): _____, _____, _____, _____, _____, _____
(Example: 120 - Elementary Education etc.)

THE ALCORN SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF AGE, GENDER, RACE, RELIGION, DISABILITY OR NATIONAL ORIGIN.

EDUCATION

Name of School & Location (Include High School, College & Graduate)	Dates Attended	Degree or Diploma Awarded

TEACHING EXPERIENCE

Type of Position	School District, City, State	Grade	Subject Taught	Period of Service	Reason for Leaving

Total number of years' experience in an accredited school _____

Honor & Achievements:

List activities that you are prepared to coach or oversee:

WORK EXPERIENCE OTHER THAN TEACHING

Employer & Location	Position	Period of Service	Reason for Leaving

Have you ever resigned, been terminated or been non-renewed?

Yes ___ No ___

If yes, please explain:

Have you ever been charged with or convicted of a criminal offense, either a misdemeanor or felony?

Yes ___ No ___

If yes, please explain in detail the nature of the offense, the date you were arrested or charged, the outcome (conviction, acquittal or dismissal) and your version of the facts associated with each offense or crime that you were either arrested for or convicted of:

REFERENCES

List the name, positions and addresses of four (4) individuals as your references. Include superintendents, principals, and supervisors whom you have worked. Please do not list relatives as references.

Name	Position	Address	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 Education and will cooperate fully with in-service programs for professional improvement. I understand that this application can remain in the active file for a period of one year and then will be classified as inactive and discarded unless I notify the personnel office in writing to keep the application current.

I give my permission for the Alcorn School District to conduct a background screening check with any law enforcement agency, the Child Abuse Central Registry, previous employers, and any other persons, corporation, or public agencies or entities to determine my suitability in working with children and my past employment history. I understand that this permission is a part of my application for a position with the Alcorn School District. I understand that should any felony or misdemeanor charges or convictions appear on my record which I have not previously disclosed in writing to the Alcorn School District, then said school shall have the right to deny me employment and I do hereby agree to immediately resign from my position of employment and accept immediate termination, without a hearing, the same being hereby waived. I do further agree and direct that said agencies, previous employers or companies may release to the Alcorn School District any and all personnel files or factual information or written documentation concerning any criminal charge or conviction or facts related thereto as may be on file with such agency.

Date: _____ Signature: _____