

15305 Highway 15 N.

Newton County School District

P.O. Box 97

Decatur, Mississippi 39327

Telephone (601) 635-2317

EMPLOYMENT APPLICATION FOR INSTRUCTIONAL STAFF

Circle position(s) for which you are making application

Teacher	Coach	Counselor	Supervisor	Administrator	Other
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Name _____ Social Security No. _____
 Last First Middle

Present Address _____ Phone _____
 Street City State Zip

Permanent Address _____ Phone _____
 Street City State Zip

Date of Birth _____ Gender _____

Circle degree(s) you have been awarded by an accredited institution

Bachelor's	Master's	Vocational	Specialist	Doctorate
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Mississippi Teaching Licensure

CLASS	TYPE	Praxis
AAAA	Administrator	Date(s) Taken
AAA	Supervisor	Scores
AA	Secondary Teacher	
A	Elementary Teacher	
	Special Education Teacher	
	Special Subject Teacher	

INSTRUCTION LEVELS		SUBJECT AREA ENDORSEMENT
Mark "1" for First Choice, "2" for Second Choice		Major Area(s) of Certification
K	1 2 3 4 5	
6-7	8-9 10-12	

SPECIAL EDUCATION (Check all areas in which you are certified)

EMH	Ed. Handicapped	Speech/Lang. Clinician	Visually Impaired
LD	Gifted	Physically Handicapped	Hearing Impaired
EMR	Homebound	Psychometrist	Other

Newton County School District does not discriminate on the basis of sex, race, religion, color, national origin, age, or disability.

EDUCATIONAL AND PROFESSIONAL TRAINING

NAME OF SCHOOL <small>(Begin with High School, then College, etc.)</small>	Location	Dates Attended	Degree Received	Major	Minor
		From _____ To _____			
		From _____ To _____			
		From _____ To _____			
		From _____ To _____			

SCHOLASTIC AVERAGE IN COLLEGE WORK _____

STUDENT TEACHING

(For applications with less than 3 years of teaching experience)

Name of School <small>City & State</small>	Time Spent <small>Month/Year</small>	Subject(s) <small>Taught</small>	Grade Level	Supervising Teacher

In the space below, give any additional information which you wish to submit concerning your qualifications.

Yes	No	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE NEWTON COUNTY SCHOOL DISTRICT?	<i>If Yes, give approximate dates</i>
Yes	No	ARE YOU PRESENTLY UNDER CONTRACT TO ANY SCHOOL SYSTEM?	<i>Name of School System</i> <i>Contract Ending Date</i>
Yes	No	ARE YOUR WORK RECORDS LISTED UNDER ANOTHER NAME?	<i>If so, give name</i>
Yes	No	HAVE YOU BEEN IN THE MILITARY SERVICE?	<i>Branch</i> <i>Rank</i> <i>Date</i>
Yes	No	DO YOU HAVE RELATIVES WORKING FOR THE NEWTON COUNTY SCHOOL DISTRICT?	<i>If Yes, give names</i>
Yes	No	CAN YOU COME FOR AN INTERVIEW?	<i>When?</i>
Yes	No	ARE YOU A CITIZEN OF THE UNITED STATES	

List any memberships or participation in organizations which you choose to include in your personnel file

List college activities and honors before and after graduation

List co-curricular activities in which you are qualified and which you are prepared to direct

Give the approximate number of days you missed for a one-year period in your last full-time employment

Yes	No	HAVE YOU EVER BEEN ASKED TO RESIGN, BEEN DISCHARGED, OR FAILED TO BE REEMPLOYED FOR A TEACHING OR ADMINISTRATIVE POSITIONS?
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If Yes, Give Details _____

Yes	No	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?
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If Yes, Explain _____

TEACHING EXPERIENCE (Begin with most recent)

Note: A year's teaching credit is given only for a full year's employment.

Name and Complete Address of School System	Period of Service Exact Month, Year	No. of Months	Nature of work (Grades, Subject)	Reason for leaving this position

OTHER WORK EXPERIENCE (Begin with most recent)

Employer	City & State	Period of Service Exact Month, Year	Type of Work	Reason for leaving this position

REFERENCES: NO RELATIVES OR FRIENDS

These references should be former employers.

Name	Official Position	Address (Street, City, State & Zip)

Read the following statement carefully before signing.

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

Signature _____ Date _____ REVISED: 2/04