

**WATER VALLEY SCHOOL DISTRICT  
P.O. Box 788  
Water Valley, MS 38965  
Telephone Number (662) 473-1203**

**EMPLOYMENT APPLICATION FOR ADMINISTRATIVE STAFF**

Date: \_\_\_\_\_

Position(s) Desired (Circle One or More)

Administrator	Supervisor	Teacher	Coach	Other
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Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Until: \_\_\_\_\_

\_\_\_\_\_  
(Area Code) Telephone

Degree(s) (Circle One or More)

B.A.	B.S.	M.A.	M.S.	Vocational	Specialist	Doctorate
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**MISSISSIPPI CERTIFICATE ENDORSEMENTS**

(Circle All Appropriate)

CLASS	TYPE
AAAA	Administrator
AAA	Supervisor
AA	Secondary Teacher
A	Elementary Subject
	Special Subject
	Emergency Certificate

**PRAXIS/NATIONAL TEACHER'S EXAM SCORES**

\_\_\_\_\_ Date Taken

\_\_\_\_\_ Score on Exam

\_\_\_\_\_ CIA K-5/Communication Skills

\_\_\_\_\_ Principals/General Knowledge

\_\_\_\_\_ PPST Reading/Professional Knowledge

\_\_\_\_\_ PPST Writing

\_\_\_\_\_ CBT Mathematics

\_\_\_\_\_ Specialty Area

**INSTRUCTIONAL LEVELS**

(Mark 1 for first choice, 2 for second choice, etc.)

GRADE LEVEL    K    1    2    3  
   4    5    6    7    8    9    10  
   11    12 District

**GRADE POINT AVERAGE**

\_\_\_\_\_ Under Graduate

\_\_\_\_\_ Graduate

\_\_\_\_\_ Post Graduate

**SUBJECT AREA ENDORSEMENTS**

\_\_\_\_\_ Major Endorsement

\_\_\_\_\_ Minor Endorsement

**SUBJECTS IN ORDER OF PREFERENCE**

\_\_\_\_\_ First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Third Choice

**SPECIAL EDUCATION (Check All Areas in Which You Are Certified)**

_____ Educational Disability	_____ Gifted
_____ Homebound	_____ Learning Disabilities

**OTHER PROFESSIONAL AREAS:**

- \_\_\_\_\_ Emotional Disability
- \_\_\_\_\_ Physical Disability
- \_\_\_\_\_ Psychometrist
- \_\_\_\_\_ Educable Mentally Retarded

- \_\_\_\_\_ Speech/Language Clinician
- \_\_\_\_\_ Hearing Impaired
- \_\_\_\_\_ Visually Impaired
- Other \_\_\_\_\_

WATER VALLEY SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION, COLOR, NATIOANL ORIGIN, AGE OR DISABILITY.

**EDUCATION:**

Name of School and Location. Include High School, College, Graduate, and Post Graduate Work in Order Taken	Dates Attended Month-Year	Degree Earned	Major Subject	Semester Hours in Major	Minor Subject	Semester Hours in Minor
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					

**EXPERIENCE:**

Name and Complete Address of School System	Period of Service Month-Year	Number of Months	Name of Work (Grade, Subject)	Reason for Leaving This Position
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			

Total Yrs. \_\_\_\_\_ Total Mos. \_\_\_\_\_



By my signature I attest that the information contained in this application is true and represents me accurately.

I hereby authorize the Water Valley School District to conduct the following screening processes if it deems necessary: (1) verify information provided by me, (2) request statement from references given, and (3) procure investigative reports including drug and alcohol screening and police records. No person, company, or organization shall be liable for any information communicated to Water Valley School District in connection with this employment screening process. I release and hold harmless from and against any liability in connection with the employment screening process. If employed, I agree to abide by all the policies approved by the Board of Trustees and will cooperate fully with 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 personal office in writing to keep the application current.

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Signature of Applicant

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Date