

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

EMPLOYMENT APPLICATION

Date: _____

Positions (Check One or More)

<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Cafeteria Supervisor	<input type="checkbox"/> Maintenance Supervisor
<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Cafeteria Manager	<input type="checkbox"/> Maintenance Worker
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Cafeteria Worker	<input type="checkbox"/> Custodian
<input type="checkbox"/> Substitute		
Other _____		

Name: _____

Last
First
Middle

Present Address: _____

Street
City
State
Zip

Until: _____

 (Area Code) Telephone

Education (Circle One or More)

High School Years Completed	Diploma	GED	College Years Completed	Diploma	BS BA
1 2 3 4	Yes No	Yes No	1 2 3 4	Yes No	Masters Doctorate

Do you hold a Mississippi Teacher's Certificate? ____ Yes ____ No

Endorsements: Class _____ Type _____ Teaching Areas _____

Do you hold these certificates?	Valid
	From To
School Bus Driver's Certificate ____ Yes ____ No	____ ____
School Food Service Supervisor Certificate ____ Yes ____ No	____ ____
School Food Service Manager Certificate ____ Yes ____ No	____ ____

Are you a member of the Public Employees' Retirement System? ____ Yes ____ No

Have you previously been employed by Water Valley Schools? ____ Yes ____ No

Are you presently employed? ____ Yes ____ No

If yes, with whom? _____ Type of work: _____

List the office and other machines you are able to operate: _____

Date available for employment: _____

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	Position/Nature of Work	Reason for Leaving This Position
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			

Have you ever been asked to resign, been discharged, or failed to be re-employed? ____ Yes ____ No
If yes, give details: _____

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

List any additional information you wish to submit: _____

REFERENCES:

List the names, positions, and COMPLETE addresses of four (4) individuals as your references. Include supervisors under whom you have worked. PLEASE DO NOT LIST RELATIVES AS REFERENCES.

Name	Official Position	Address (Street, City, State and Zip)	Phone Number

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

Signature: _____ Date: _____