

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

APPLICATION FOR PROFESSIONAL POSITION

Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Telephone

Permanent Address: _____
Street City State Zip

Until: _____

(Area Code) Telephone

AREA OF ENDORSEMENT

(List all areas of endorsement for which you hold a current Mississippi Teachers' certificate.
A copy of your current Mississippi Teacher's certificate should be attached).

POSITION APPLIED FOR:

1ST Choice: _____
2nd Choice: _____

COLLEGES ATTENDED

(A copy of your college transcript should be attached)

College: _____ Degree Received: _____

College: _____ Degree Received: _____

_____ Major Field: _____

I hereby release the Water Valley School District or any correspondent in regard to my application from any and all liability for damages, or whatever nature, on account of furnishing information requested which is to be used in determining my fitness for the position for which I am making application.

I also agree that any letters sent in connection with my application are privileged, and the Water Valley School District shall not be required to furnish me a copy of them nor shall any who send a letter to the Water Valley School District in connection with my application be required to furnish a copy of their reply.

I hereby certify that the information included in this application, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause of disqualification of this application and records become property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment if I am employed by the District.

Signature: _____ Date: _____

Water Valley School District does not discriminate on the basis of sex, race, religion, color, national origin, age or handicap.

**WATER VALLEY SCHOOL DISTRICT
CONFIDENTIAL RECOMMENDATION FORM**

Applicant's Name: _____
(Please Print)

TO BE COMPLETED BY THE APPLICANT:

I (do) _____ (do not) _____ waive my right to access to the confidential information provided by persons listed as references. The Water Valley School District also reserves the right to contact other individuals with whom you have been associated to further assess your capabilities to successfully function as an employee in the district. Failure on the part of the applicant to waive the right to access to confidential information will in no way affect the consideration of the applicant.

Signature of Applicant: _____ Date: _____

I am applying for the position of: _____

The above applicant has named you as a person from whom we may request references. We shall appreciate your confidential appraisal of the candidate and your return of this form at your earliest convenience to the Office of the Superintendent, Water Valley School District, P.O. Box 788, Water Valley, Mississippi 38965. We appreciate your professional cooperation.

Area	Excellent	Good	Average	Poor	Not Acceptable	No Chance to Observe
Personal Appearance						
Voice						
Personality						
Cooperativeness						
Tactfulness						
Reliability						
Loyalty						
Punctuality						
Initiative						
Emotional Stability						
Physical Health						
Use of English						
Skill in Working with Staff Members						
Skill in Writing with Parents						
Proficiency in the Use of Teaching Techniques						
Planning and Preparation for Teaching						
Competency in Academic Field						
Accuracy of Report						

Adaptability to New Ideas						
Ability to Discipline						
Professional Attitude						
Enthusiasm for Teaching						
Relations with Public						
Financial Integrity						
Community Involvement						
Probable Success in Position						

General Rating (Overall)

This evaluation includes the period from 19__ to 20 ____. Today's date: _____

In what capacity have you known this applicant? _____

Would you be willing to employ or re-employ this applicant? Yes ____ No ____ Undecided ____

Would a telephone call be necessary for additional information? Yes ____ No ____

What are the applicant's weakest characteristics? _____

Additional Comments:

Name: _____

Official Position: _____

Address: _____

Telephone Number: _____

Signature: _____