

# Application for Employment

ITAWAMBA COUNTY SCHOOL DISTRICT  
605 S. CUMMINGS ST.  
FULTON, MS 38843

## NOTICE OF NON-DISCRIMINATION

The Itawamba County School District does not discriminate on the basis of race, color, religion, national origin, sex, age or disability in the provision of educational programs and services or employment opportunities and benefits. The following person has been designated to handle inquiries and complaints regarding the non-discrimination policies of the Itawamba County School District: Federal Programs Director, 605 South Cummings St., Fulton, MS 38843, 662-862-2159.

PLEASE PRINT

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

Are you currently employed? Yes  No

May we contact your present employer? Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or immigration status will be required upon employment.*) Yes  No

Can you travel if a job requires it? Yes  No

Have you been convicted of a felony? Yes  No   
(*Conviction will not necessarily disqualify an applicant from employment.*)

If yes, please explain \_\_\_\_\_

## Education (ATTACH COPY OF COLLEGE TRANSCRIPT IF APPLICABLE.)

Please check level of school completed:

Elementary  GED  High School  Undergraduate College/University  Graduate/Professional

## Certification Data (For Certified Personnel)

Issued by State of \_\_\_\_\_ Type \_\_\_\_\_  
Number \_\_\_\_\_ Areas of Endorsement \_\_\_\_\_  
Class \_\_\_\_\_

**Special Skills and Qualifications** (Describe any specialized training, apprenticeship, other skills acquired from employment or other experience, or any additional information you feel may be helpful to us in considering your application.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We Are An Equal Opportunity Employer

(COMPLETE BOTH SIDES)

**References** (Give name, address, and telephone number of three references who are not related to you and are not previous employers.)

1.
2.
3.

Have you ever had any job-related training in the United States Military? Yes  No

If yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the essential functions of the job for which you are applying? Yes  No

If yes, what accommodations are necessary to enable you to perform the essential functions of the job? \_\_\_\_\_

**Employment Experience** (Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.)

1. Employer		Length of Service	Work Performed
Address		Telephone No.	
Job Title	Supervisor		
Reason for Leaving			
2. Employer		Length of Service	Work Performed
Address		Telephone No.	
Job Title	Supervisor		
Reason for Leaving			
3. Employer		Length of Service	Work Performed
Address		Telephone No.	
Job Title	Supervisor		
Reason for Leaving			

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize a complete background search and reference check. This application for employment shall be considered active for a period of one year. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date