

PERRY COUNTY SCHOOL DISTRICT

P. O. Box 137

New Augusta, Mississippi 39462

601-964-3211 • Fax 601-964-8204

****Please Note:** This application will be kept on file for 1 year from date of receipt.

Employment Application for Instructional Staff

Date _____

Position(s) Desired (Circle One or More)

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

PRESENT ADDRESS _____
Street City State Zip

Until _____
Date Area Code Telephone

PERMANENT ADDRESS _____
Street City State Zip

Area Code Telephone

Degree(s) (Circle One or More)

BS	BA	MASTER'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 Teacher
	Special Subject Teacher
	Permit
	Life Certificate

National Teacher's Exam

_____ Score on Common Exam
_____ Score on Teaching Area
_____ Total Score

Grade Point Average

_____ Under Graduate
_____ Graduate
_____ Post Graduate

**** An official college transcript must be furnished to this office before the application can be considered complete**

Instructional Levels

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

Grade Level ___K ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9-12 ___District

Subjects in order of preference: _____
1st Choice 2nd Choice 3rd Choice 4th Choice 5th Choice

Special Education ___ Emotionally Disturbed ___ Gifted ___ Hearing Impaired
___ Learning Disabilities ___ Mentally Retarded ___ Visually Impaired
___ Physically Handicapped ___ Speech Correction

Other Professional Areas _____

The Perry County School District does not discriminate on the basis of sex, race, religion, color, national origin, age, or handicap

Education

Name of School and Location <small>(Include High School, College, Graduate, Post Graduate Work in order taken)</small>	Dates Attended Month - Year	Degree Received	Major Subject	Sem. Hrs. in Major	Minor Subject	Sem. Hrs. in Minor
-----	From _____ To _____					
-----	From _____ To _____					
-----	From _____ To _____					
-----	From _____ To _____					
-----	From _____ To _____					
-----	From _____ To _____					

Experience

Name and Complete Address of School System	Period of Service Exact Month, Year	No. of Months	Nature of Work (Grades, Subjects)	Reason for Leaving This Position
-----	From _____ To _____			
-----	From _____ To _____			
-----	From _____ To _____			
-----	From _____ To _____			
-----	From _____ To _____			
-----	From _____ To _____			
-----	From _____ To _____			
-----	From _____ To _____			
-----	From _____ To _____			
-----	From _____ To _____			

Total Months _____ Total Years _____

Have you previously been employed by the Perry County Public Schools? Yes ___ No ___

Are you presently under contract with any school system? Yes ___ No ___

School system _____ until _____

When is the earliest you could begin work here? _____

Are you a citizen of the United States? Yes ___ No ___

Have you ever been asked to resign, been discharged, or failed to be reemployed for a teaching or administrative position?

Yes ___ No ___ If yes, give details _____

Have you ever been convicted of an offense other than a misdemeanor? Yes ___ No ___

If yes, explain _____

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

List college activities and honors before and since graduation _____

Please write in your own handwriting what you believe you could contribute to the Perry County School District _____

Perry County Schools
Office of Superintendent of Education
P.O. Box 137
105 Main Street, Suites, 3, 4, & 5
New Augusta, MS 39462
Phone: 601-964-3211
Fax: 601-964-8204

Notification of Background Check
ORI# MS931080Z

As part of the application process with the Perry County School System, a background check of all applicants will be conducted through the local Sheriff's Office. The purpose of this background check is to verify that all applicants are free of any criminal charges before a recommendation for employment with the Perry County School System.

I, _____, hereby grant permission for the
Perry County School Board to conduct a background check as part of my application for
employment.

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

Gender M _____ F _____

Race BL _____ WH _____ Hispanic _____ Other _____
Specify

Signature of Applicant

Date