



**WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT**

*Dr. Beverly Culley, Superintendent*

P. O. Box 189 - 909 HWY 8

Rosedale, MS 38769

Telephone 662-759-6316

**NON-CERTIFIED EMPLOYMENT APPLICATION**

Date: _____	Position Applying For: _____
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NAME: \_\_\_\_\_ Social Security No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last    First    Middle

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_

Street    City    State    Zip Code

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Area Code    Number    Area Code    Number

**Special Requirements:**

Teacher Assistants/Paraprofessionals - Minimum of 48 semester college hours or Completion of ACT WorkKeys (all 3 sections)

Substitute Teachers - Minimum of 48 semester college hours

*Official College Transcript and/or ACT WorkKeys Verification must be submitted with completed application.*

**EDUCATION**

(Circle one or more)

High School Years	College Years	G.E.D.	Diploma	Degree(s)
Completed <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Completed <u>1</u> <u>2</u> <u>3</u> <u>4</u>	____ Yes ____ No	____ Yes ____ No	BS BA Masters

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

Endorsements \_\_\_\_\_ Class \_\_\_\_\_ Type \_\_\_\_\_ Major Teaching Areas: \_\_\_\_\_

**Do you hold any of these Certificates:**                          Yes                          No                          Valid From:                          To:

School Bus Driver's Certificate				
School Food Service Certificate				
School Food Service Manager Certificate				

Have you previously been employed by West Bolivar Consolidated School District? \_\_\_\_\_ Yes                          \_\_\_\_\_ No

If yes, in what position: \_\_\_\_\_

Please list any clerical or computer skills: \_\_\_\_\_

West Bolivar Consolidated school District does not discriminate on the basis of sex, race, color, age, religion, national origin or handicapping conditions and is in compliance with the requirements of Title IX, Section 504 or Rehabilitation Act of 1973, and Educational Amendments of 1972. Employment is subject to background check and finger printing results, in accordance with state law. The identity and employment eligibility of all persons hired to work in the United States will be verified as required by Federal law.

Name of School & Location (include high school, college, graduate, & post graduate work in order taken	FROM: (Month & Year)	TO: (Month & Year)	DEGREE RECEIVED	MAJOR SUBJECT	SEMESTER HOURS IN MAJOR	MINOR HOURS

EMPLOYER NAME AND ADDRESS	MONTH /YEAR OF SERVICE	NUMBER OF MONTHS	POSITION	REASON FOR LEAVING POSITION

Have you ever been asked to resign, been discharged, or failed to be reemployed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give details: \_\_\_\_\_

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

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

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any additional information, which you wish to submit: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

### REFERENCES

Name	Official Position	Address (street, city, state, & zip code)	Phone Number

**READ carefully and sign 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 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.**

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

\_\_\_\_\_  
Date