

WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT

909 HWY 8 - PO BOX 189

Rosedale, MS 38769

Phone # 662-759-3525 Fax# 662-759-6795

Dr. Beverly Culley, Superintendent

Certified Personnel Application (PLEASE PRINT)

Date of Application _____

PERSONAL DATA

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Address _____
Street City State Zip

Email Address _____ Telephone _____

TEACHING PREFERENCES AND COMPETENCIES

Level Preferred: (Please indicate your 1st, 2nd and 3rd choice of grade levels)

____ Elementary (K-4) ____ Middle School (5-8) ____ High School (9-12) ____ Administration

Position Preferred: (Please include subject and/or grade level)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

List other subjects you are qualified to teach: _____

List any activities you are willing to supervise; i.e., clubs, groups, drama, etc. _____

List any sports you are willing to coach; i.e., intramurals, volleyball, football, etc. _____

I will be available to start: (date) _____

List and give the extent of any special training you have had that is not mentioned above. Applicants for Grades K-8 (inclusive) complete in as much detail as possible.

CERTIFICATION

Note: Please submit a photocopy of all of your Mississippi teaching certificates with this application.

MS Certificates You Hold	Date Issued	Date of Expiration	Certificate Number	Subject or Grades Appearing on Certificates

ACADEMIC PREPARATION FOR TEACHING

List high schools, colleges, universities, and training institutions attended.

	Dates Attended	School and Location	Degree/ Date	Major and Minor	Semester Hours	Grade Average
H. S.			Diploma			
U N I V E R S I T I E S						

Any degree presently pursuing _____ Date degree to be conferred _____

Distinctions and Honors: _____

Activities: _____

TEACHING EXPERIENCE

A. Student Teaching or Educational Intern Experience

Name of School City and State	Grade Level/ Subject	Supervising Teacher/ Phone Number	Dates

B. Regular Teaching - Include all contracted positions you have held as a certificated teacher and school administrator. List chronologically with most recent positions first.

Name of School/ Address (Zip Code)	Superintendent/Principal Name/Phone No.	Grades, Subjects Taught and Related Assignments	Dates		Total Years
			From	To	

You have my permission to contact any of the above mentioned persons? ___ Yes ___ No

Are you presently under contract? ___ Yes ___ No

If yes, to whom? (School System) _____

Have you ever been discharged or requested to resign from a teaching or administration position? ___ Yes ___ No

If yes, explain _____

Have you ever been convicted of a violation of law other than a minor traffic violation? ___ Yes ___ No

If yes, explain _____

Have you ever had a teaching certificate or teaching license revoked or suspended? ___ Yes ___ No

If yes, explain _____

List participation within the last two years in any professional activity for the improvement of the school(s) where you have been employed: e.g., curriculum revision, pupil progress reports, etc.

OTHER EXPERIENCE

Other work experiences which I believe have been valuable to my career are:

LEGAL NOTIFICATION

It is understood that West Bolivar Consolidated School District may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCII) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the receipt of the BCII report, my continued employment will be conditional on receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

Signature _____ Date _____

I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature _____ Date _____

REFERENCES

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please include administrators with whom you have worked, teachers you have supervised, or parents you have worked with.

Do we have your permission to contact these persons at this time? Yes No
(Please add additional names to your resume.)

Name	Address	Phone No.	Position/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you requested to have your credentials sent to us? Yes No

We will only accept original or digital copy of application.

FOR OFFICE USE ONLY:

Date Received: _____

Name _____
(Last) (First) (Middle)

Position of Interest: _____ Early Childhood (PK-3)

_____ Middle Childhood (4-9)

_____ Adolescence to Young Adult (7-12)

_____ Multi-Age (PK-12)

_____ Intervention Specialist

Degrees: _____ Bachelors _____ Masters _____ Ed.S. + Ph.D.

Teaching Experience: _____ Years

Subject Areas (If Applicable):

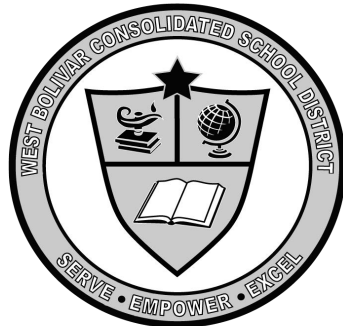
Copies Received: _____ Transcript

_____ Certificate

_____ NTE

Credentials: _____ Requested

_____ Received



**CERTIFIED PERSONNEL
APPLICATION FORM**

West Bolivar Consolidated School District
909 Hwy 8 - PO Box 189
Rosedale, MS 38769

PH. 662-759-3525 FAX 662-759-6795

It is the policy of the West Bolivar Consolidated School District Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, disability, sex, or military status. No person shall be denied employment solely because of an impairment which is unrelated to the ability to engage in activities involved in the position for which application has been made.

Should you be contacted for an interview and require any special accommodations, please contact Dr. Beverly Culley, Superintendent, at 662-759-3525. We will utilize this information only in a manner consistent with the Americans With Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973.