

LINCOLN COUNTY SCHOOL DISTRICT

233 East Monticello Street
P.O. Box 826
Brookhaven, Mississippi 39602-0826
Telephone 601/835-0011 Fax 601/833-3030

Employment Application Non-Certified

Directions: Answer each question and fill in each blank. The accuracy and completeness with which this form is prepared will be a factor in its consideration.

For what position(s) are you applying?

<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Cafeteria Staff	<input type="checkbox"/> Other:
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Secretary/Bookkeeper	<input type="checkbox"/> Janitorial/Maintenance Staff	

Name _____ Social Security # _____
Last First Middle

Mailing Address _____ Phone# _____
Street City State Zip Code

High School Diploma? Yes or No From where? _____ GED? Yes or No

Do you currently hold any of the following? Valid Dates:

Mississippi Teaching License Yes or No

Bus Driver Certificate Yes or No

Food Services Certificate Yes or No

Have you previously been employed by Lincoln County Schools? Yes or No In what position? _____

Are you presently employed? Yes or No If yes, with whom and in what position? _____

Is it acceptable to contact your current employer at the present time? Yes or No

What skills or traits make you qualified for this position? _____

Date available for employment _____

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

Have you ever been convicted of an offense other than a minor traffic violation? Yes or No

If yes to either question, explain. _____

Educational Background - High School and College, if applicable

Name of School and Location	Dates Attended	Areas of Study

Work Experience

Name and Address of Employer	Dates of Employment	Position	Reason for Leaving

References - Print the following information. Include supervisors under whom you have worked. Do not list relatives.

Name	Official Position	Address (Street, City, and Zip)	Phone Number

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

By my signature I attest the information contained in this application is true and accurate. I hereby authorize the Lincoln County School District to check all my references, to submit my name to the Department of Human Services, Child Abuse Central Registry, and to conduct fingerprinting for a criminal background check.

Date Signature of Applicant Signature of Witness

As of July 1, 2000, Mississippi law requires school districts to conduct a criminal background check on all new employees. Applicants are required by the Lincoln County School District to pay a fee for the criminal background check.

Pursuant to the provisions of Title IX of the Education Amendment of 1972; the Education for the Handicapped Act, P.L. 94-142; Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act; it is the policy of the Lincoln County School District not to discriminate on the basis of sex, race, color, religion, national origin, disability or age in its educational programs, activities or employment policies.

LINCOLN COUNTY SCHOOL DISTRICT RECOMMENDATION FORM

Applicant's Name _____ Desired Position _____

The above named applicant is applying for employment in the Lincoln County School District. We appreciate your personal evaluation of the applicant's ability to perform in this position. Please return this form at your earliest convenience. Information you supply will be kept confidential.

Recommendation Release Authorization

To Whom It May Concern:

I, the undersigned, request that the information solicited on this recommendation form be released to the Lincoln County School District. I understand that this information will be treated as confidential and will not be available to anyone other than authorized personnel employed by the school district.

Applicant's Signature _____ Date _____

Area	Strong	Satisfactory	Needs Improvement	Unacceptable	Cannot Judge
Initiative/ Self Reliance					
Reliability					
Punctuality					
Good Judgment					
Works Well with Management					
Works Well with Customers					
Works Well with Other Employees					
Skill as an Employee					
Ability to Follow Instructions					
Planning and Preparation for Teaching					
Competency in Position					
Accuracy of Reports					
Adaptability to New Ideas					
Professional Attitude					
Enthusiasm for Position					
General Rating (Overall)					

Dates of employment _____

In what capacity have you known this applicant?

Have you seen the applicant perform tasks? Yes ___ No ___

Is the applicant open-minded and receptive to suggestions? Yes ___ No ___

Would you recommend or employ this applicant for this position? Yes ___ No ___

Remarks:

Signature: _____ Date: _____

Position: _____ Telephone: _____

Please mail the completed recommendation form to:

Lincoln County School District
P.O. Box 826
Brookhaven, Mississippi 39602-0826

Pursuant to the provisions of Title IX of the Education Amendment of 1972; the Education for the Handicapped Act, P.L. 94-142; Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act; it is the policy of the Lincoln County School District not to discriminate on the basis of sex, race, color, religion, national origin, disability or age in its educational programs, activities or employment policies.

LINCOLN COUNTY SCHOOL DISTRICT RECOMMENDATION FORM

Applicant's Name _____ Desired Position _____

The above named applicant is applying for employment in the Lincoln County School District. We appreciate your personal evaluation of the applicant's ability to perform in this position. Please return this form at your earliest convenience. Information you supply will be kept confidential.

Recommendation Release Authorization

To Whom It May Concern:

I, the undersigned, request that the information solicited on this recommendation form be released to the Lincoln County School District. I understand that this information will be treated as confidential and will not be available to anyone other than authorized personnel employed by the school district.

Applicant's Signature _____ Date _____

Area	Strong	Satisfactory	Needs Improvement	Unacceptable	Cannot Judge
Initiative/ Self Reliance					
Reliability					
Punctuality					
Good Judgment					
Works Well with Management					
Works Well with Customers					
Works Well with Other Employees					
Skill as an Employee					
Ability to Follow Instructions					
Planning and Preparation for Teaching					
Competency in Position					
Accuracy of Reports					
Adaptability to New Ideas					
Professional Attitude					
Enthusiasm for Position					
General Rating (Overall)					

Dates of employment _____

In what capacity have you known this applicant?

Have you seen the applicant perform tasks? Yes ___ No ___

Is the applicant open-minded and receptive to suggestions? Yes ___ No ___

Would you recommend or employ this applicant for this position? Yes ___ No ___

Remarks:

Signature: _____ Date: _____

Position: _____ Telephone: _____

Please mail the completed recommendation form to:

Lincoln County School District
P.O. Box 826
Brookhaven, Mississippi 39602-0826

Pursuant to the provisions of Title IX of the Education Amendment of 1972; the Education for the Handicapped Act, P.L. 94-142; Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act; it is the policy of the Lincoln County School District not to discriminate on the basis of sex, race, color, religion, national origin, disability or age in its educational programs, activities or employment policies.

LINCOLN COUNTY SCHOOL DISTRICT RECOMMENDATION FORM

Applicant's Name _____ Desired Position _____

The above named applicant is applying for employment in the Lincoln County School District. We appreciate your personal evaluation of the applicant's ability to perform in this position. Please return this form at your earliest convenience. Information you supply will be kept confidential.

Recommendation Release Authorization

To Whom It May Concern:

I, the undersigned, request that the information solicited on this recommendation form be released to the Lincoln County School District. I understand that this information will be treated as confidential and will not be available to anyone other than authorized personnel employed by the school district.

Applicant's Signature _____ Date _____

Area	Strong	Satisfactory	Needs Improvement	Unacceptable	Cannot Judge
Initiative/ Self Reliance					
Reliability					
Punctuality					
Good Judgment					
Works Well with Management					
Works Well with Customers					
Works Well with Other Employees					
Skill as an Employee					
Ability to Follow Instructions					
Planning and Preparation for Teaching					
Competency in Position					
Accuracy of Reports					
Adaptability to New Ideas					
Professional Attitude					
Enthusiasm for Position					
General Rating (Overall)					

Dates of employment _____

In what capacity have you known this applicant?

Have you seen the applicant perform tasks? Yes ___ No ___

Is the applicant open-minded and receptive to suggestions? Yes ___ No ___

Would you recommend or employ this applicant for this position? Yes ___ No ___

Remarks:

Signature: _____ Date: _____

Position: _____ Telephone: _____

Please mail the completed recommendation form to:

Lincoln County School District
P.O. Box 826
Brookhaven, Mississippi 39602-0826

Pursuant to the provisions of Title IX of the Education Amendment of 1972; the Education for the Handicapped Act, P.L. 94-142; Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act; it is the policy of the Lincoln County School District not to discriminate on the basis of sex, race, color, religion, national origin, disability or age in its educational programs, activities or employment policies.

LINCOLN COUNTY SCHOOL DISTRICT RECOMMENDATION FORM

Applicant's Name _____ Desired Position _____

The above named applicant is applying for employment in the Lincoln County School District. We appreciate your personal evaluation of the applicant's ability to perform in this position. Please return this form at your earliest convenience. Information you supply will be kept confidential.

Recommendation Release Authorization

To Whom It May Concern:

I, the undersigned, request that the information solicited on this recommendation form be released to the Lincoln County School District. I understand that this information will be treated as confidential and will not be available to anyone other than authorized personnel employed by the school district.

Applicant's Signature _____ Date _____

Area	Strong	Satisfactory	Needs Improvement	Unacceptable	Cannot Judge
Initiative/ Self Reliance					
Reliability					
Punctuality					
Good Judgment					
Works Well with Management					
Works Well with Customers					
Works Well with Other Employees					
Skill as an Employee					
Ability to Follow Instructions					
Planning and Preparation for Teaching					
Competency in Position					
Accuracy of Reports					
Adaptability to New Ideas					
Professional Attitude					
Enthusiasm for Position					
General Rating (Overall)					

Dates of employment _____

In what capacity have you known this applicant?

Have you seen the applicant perform tasks? Yes ___ No ___

Is the applicant open-minded and receptive to suggestions? Yes ___ No ___

Would you recommend or employ this applicant for this position? Yes ___ No ___

Remarks:

Signature: _____ Date: _____

Position: _____ Telephone: _____

Please mail the completed recommendation form to:

Lincoln County School District
P.O. Box 826
Brookhaven, Mississippi 39602-0826

Pursuant to the provisions of Title IX of the Education Amendment of 1972; the Education for the Handicapped Act, P.L. 94-142; Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act; it is the policy of the Lincoln County School District not to discriminate on the basis of sex, race, color, religion, national origin, disability or age in its educational programs, activities or employment policies.

LINCOLN COUNTY SCHOOL DISTRICT RECOMMENDATION FORM

Applicant's Name _____ Desired Position _____

The above named applicant is applying for employment in the Lincoln County School District. We appreciate your personal evaluation of the applicant's ability to perform in this position. Please return this form at your earliest convenience. Information you supply will be kept confidential.

Recommendation Release Authorization

To Whom It May Concern:

I, the undersigned, request that the information solicited on this recommendation form be released to the Lincoln County School District. I understand that this information will be treated as confidential and will not be available to anyone other than authorized personnel employed by the school district.

Applicant's Signature _____ Date _____

Area	Strong	Satisfactory	Needs Improvement	Unacceptable	Cannot Judge
Initiative/ Self Reliance					
Reliability					
Punctuality					
Good Judgment					
Works Well with Management					
Works Well with Customers					
Works Well with Other Employees					
Skill as an Employee					
Ability to Follow Instructions					
Planning and Preparation for Teaching					
Competency in Position					
Accuracy of Reports					
Adaptability to New Ideas					
Professional Attitude					
Enthusiasm for Position					
General Rating (Overall)					

Dates of employment _____

In what capacity have you known this applicant?

Have you seen the applicant perform tasks? Yes ___ No ___

Is the applicant open-minded and receptive to suggestions? Yes ___ No ___

Would you recommend or employ this applicant for this position? Yes ___ No ___

Remarks:

Signature: _____ Date: _____

Position: _____ Telephone: _____

Please mail the completed recommendation form to:

Lincoln County School District
P.O. Box 826
Brookhaven, Mississippi 39602-0826

Pursuant to the provisions of Title IX of the Education Amendment of 1972; the Education for the Handicapped Act, P.L. 94-142; Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act; it is the policy of the Lincoln County School District not to discriminate on the basis of sex, race, color, religion, national origin, disability or age in its educational programs, activities or employment policies.

BACKGROUND CHECK AUTHORIZATION

I have applied for employment with the LINCOLN COUNTY SCHOOL DISTRICT. I understand that in order for the School District to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation if I am considered for an offer of employment. This investigation will include fingerprinting, checks with Child Abuse Central Registry, criminal records background check, and asking my current and previous employer, other entities and education institutions I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired; reasons for not rehiring (if applicable) and similar information. I hereby, give consent for any employer, education institutions, organizations, agencies such as the Department of Human Services, State law enforcement, or any other entity to release any information requested in connection with this background investigation.

Please Print or Type:

Name _____
Last First Middle (Maiden)

Date of Birth _____ Telephone _____

Social Security No. _____ Driver's License No. _____

Address _____

Whether or not I have waived my right to see or to receive copies of written references furnished to the LINCOLN COUNTY SCHOOL DISTRICT by employees, educational institutions, or other entities, I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution and any officer or employee of either, that furnishes written or oral references requested by the LINCOLN COUNTY SCHOOL DISTRICT to complete its background investigation.

Signature of Applicant

Date