

Amory Public Schools

P.O. Box 330

Amory, Mississippi 38821

Telephone 662-256-5991

NON-CERTIFIED EMPLOYMENT APPLICATION

<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Cafeteria Supervisor	<input type="checkbox"/> Maintenance Supervisor
<input type="checkbox"/> Teacher Aide	<input type="checkbox"/> Cafeteria Manager	<input type="checkbox"/> Maintenance Worker
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Cafeteria Worker	<input type="checkbox"/> Custodian
<input type="checkbox"/> Secretary	<input type="checkbox"/> Cafeteria Substitute	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Clerk	<input type="checkbox"/> Technology Director

NAME: _____ Social Security No. _____/_____/_____
Last First Middle

Date of Birth: _____ Race _____

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Phone Number: _____ Area Code Phone Email Address: _____

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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Amory Public Schools? _____ Yes _____ No

Are you presently employed: _____ Yes _____ No

If yes, with whom? _____ Type of Work _____

Please list office machines you are able to operate: _____

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

AMORY SCHOOL DISTRICT

Criminal Background and Child Abuse Employment Agreement

I, _____, agree for the Amory School District to conduct a search of my criminal background and child abuse records, if any. I agree to be fingerprinted and understand that I am responsible for paying all fees and charges applicable to the background checks. I further understand that in the event my criminal background or child abuse checks are unsatisfactory, I will not be eligible for employment and/or if I am employed under contract each will become null and void immediately.

Applicant/Employee Signature

Date

Amory School District

KEN BYARS

SUPERINTENDENT OF EDUCATION

**124 NORTH MAIN STREET
P.O. BOX 330
AMORY, MS 38821**

**OFFICE: 662-256-5991
FAX: 662-256-6302**

To: Mississippi Department of Human Services
Division of Family & Children Services
Child Abuse Central Registry
Post Office Box 352
Jackson, MS 39205

From: Mr. Ken Byars, Superintendent
Amory School District
Post Office Box 330
Amory, MS 38821

Name: _____
(Print) Applicant's Full Name (list maiden name and any aliases)

Social Security Number: _____ Date of Birth: _____

Physical Address: _____

By signing this form, I give the above named agency permission to request an MDHS Child Abuse/ Neglect Central Registry background check. I understand that this information will be used only for services related to the above named agency and will not be re-disseminated to other persons or used for other purpose.

Applicant Signature

Date

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's Social Security card and Drivers License. I understand that this information must be kept confidential with my agency.

Signature of Witness
(Witness must be a representative of the requesting agency)

Date

This section to be completed by MDHS Office

___ No identifying information was found in the Central Registry

___ The following information was found in the Central Registry

Signature of MDHS Representative

Date