

Amory Public Schools

P.O. Box 330
Amory, Mississippi 38821
Telephone 662-256-5991

EMPLOYMENT APPLICATION FOR INSTRUCTIONAL STAFF

Date ____/____/____

Teacher Coach Counselor Supervisor Administrator

Name _____ Social Security _____/_____/_____
Last First Middle

Present Address: _____
Street City State Zip Code

Until _____
Date Area Code Telephone

Permanent Address: _____
Street City State Zip Code

_____/_____/_____
Area Code Telephone

Mississippi Certificate Number _____
Endorsements
(Circle All Appropriate)

National Teacher's Exam/Praxis

Score on Common Exam

Score on Teaching Area

Total Score

<u>Degree</u>	<u>Certification Class</u>
BS	A
BA	A
Vocational	A
Masters	AA
Specialist	AAA
Doctorate	AAAA

Instructional Levels

(mark 1 for first choice, 2 for second choice, etc.)

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 _____

Amory Public Schools does not discriminate on the basis of sex, race, religion, color, national origin, age, or disability.

EDUCATION

Name of School and Location Include High School, College Graduate, Post Graduate Work in Order Taken	Dates Attended Month-Year	Degree Received	Major Subject	Sem. Hrs. in Major	Minor Subject	Sem. Hrs. in Minor
	From _____ 19__ To _____ 19__					
	From _____ 19__ To _____ 19__					
	From _____ 19__ To _____ 19__					
	From _____ 19__ To _____ 19__					
	From _____ 19__ To _____ 19__					
	From _____ 19__ To _____ 19__					

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 _____ 19__ To _____ 19__			
	From _____ 19__ To _____ 19__			
	From _____ 19__ To _____ 19__			
	From _____ 19__ To _____ 19__			
	From _____ 19__ To _____ 19__			
	From _____ 19__ To _____ 19__			
	From _____ 19__ To _____ 19__			
	From _____ 19__ To _____ 19__			

Total Months _____ **Total Years** _____

Have you previously been employed by the Amory 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 re-employed 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 _____

Additional information, which you wish to submit _____

Do you have current recommendations on file in a college teacher placement office? _____
Yes No

Name of college or university _____

Address _____

References

List the names, position, and address of six (6) individuals as your references. Include superintendents, principals, and supervisors under whom you have worked in addition to college of professors and supervisory teacher. Please do not list relatives as references.

NAME	OFFICIAL POSITION	ADDRESS (STREET, CITY, ST, ZIP)	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 fully with inservice programs for professional improvement. I understand that this application will remain in the active file for a period of one year and then will be classified as inactive unless I notify the personnel office in writing to keep the application current.

DATE

SIGNATURE

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

CHILD ABUSE REGISTRY CHECK

To: Mississippi Department of Human Services
Child Abuse Central Registry
Division of Family and Children's Services
P.O. Box 352
Jackson, MS 39205

FROM: Name: Dr. Gearl Loden
Title: Superintendent
School District: Amory School District
Address: Post Office Box 330
City/State: Amory, MS 38821

In accordance with Senate Bill 2658 a Child Abuse Central Registry Check is requested for the following school personnel or employee: (THIS FORM WILL BE PROCESSED AT TIME OF HIRE).

Name: _____
(Please print name(s). Include aliases, nicknames and maiden name(s).)

Social Security Number: _____ Date of Birth: _____

Address: _____

I understand that this information must be kept confidential with my agency.

Signature Date

(This section to be completed by MDHS office of Social Service Services Staff)

Findings:

_____ No identifying information was found in the central registry.

_____ No following information was found in the central registry.

