

# Amory Public Schools

P.O. Box 330

Amory, Mississippi 38821

Telephone 662-256-5991

## NON-CERTIFIED EMPLOYMENT APPLICATION

_____ Substitute Teacher	_____ Cafeteria Supervisor	_____ Maintenance Supervisor
_____ Teacher Aide	_____ Cafeteria Manager	_____ Maintenance Worker
_____ Bookkeeper	_____ Cafeteria Worker	_____ Custodian
_____ Secretary	_____ Cafeteria Substitute	_____ Other (Specify)
_____ Bus Driver	_____ Clerk	

NAME: \_\_\_\_\_ Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_  
Area Code Phone

### 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:

	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: \_\_\_\_\_

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

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**

# 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**

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(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.**

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