

Noxubee County School District

P. O. Box 540

Macon, Mississippi 39341

Phone (662) 726-4527 or 726-4583

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc)			

EDUCATION	*School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying.	
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***NOTE: An official high school or college transcript must be submitted by each applicant.**

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

FOR EMPLOYER'S USE ONLY

1-800-368-7070	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

1-800-368-7070	<p>The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p>

	Date
	Signature

PERMISSION FOR BACKGROUND CHECK

DATE _____

I give my permission for the Noxubee County School District to conduct a background screening check with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Noxubee County Schools. I further understand that this information will only be used in regard to the above application.

Name _____

Address _____

Social Security Number _____

Race _____ Sex _____

Date of Birth _____

Signature _____