

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

Date of Birth _____ Race _____

Present Address: _____
Street City State Zip Code

Until _____
Date Area Code Telephone

Permanent Address: _____
Street City State Zip Code

Email Address: _____
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 and Year)	Degree Received	Major Subject	Sem. Hrs. in Major	Minor Subject	Sem. Hrs. in Minor
	From _____ To _____					
	From _____ To _____					
	From _____ To _____					
	From _____ To _____					
	From _____ To _____					
	From _____ To _____					

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 _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			

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

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