

COFFEEVILLE SCHOOL DISTRICT  
16849 Okahoma Street  
Coffeerville, MS 38922  
Phone: (662) 675-8941 \* Fax (662) 675-5004

**EMPLOYMENT APPLICATION**

POSITION(S) Desired:

Date: \_\_\_\_\_

TEACHER	COACH	COUNSELOR	SUPERVISOR	ADMINISTRATOR
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Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security #: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

Until \_\_\_\_\_  
(Date)

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

DEGREE(S): (Please circle)

BS	BA	MASTER'S	VOCATIONAL	SPECIALIST	DOCTORATE
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Mississippi Certificate:

PRAXIS I

PRAXIS II

OR

CMEE

(Specify: computer based or hand scored)

Score: \_\_\_\_\_

Class:

Type:

\_\_\_\_ AAAA

\_\_\_\_ Administrator

\_\_\_\_ Reading

OTHER:

\_\_\_\_ AAA

\_\_\_\_ Supervisor

\_\_\_\_ AA

\_\_\_\_ Secondary Teacher

\_\_\_\_ Writing

\_\_\_\_ A

\_\_\_\_ Elementary Teacher

\_\_\_\_ Special Subject Teacher

\_\_\_\_ Mathematics

**INSTRUCTIONAL LEVELS**

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

GRADE LEVEL: \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_ 8 \_\_\_\_ 9-12 \_\_\_\_ District

SUBJECTS IN ORDER OR PREFERENCE:

\_\_\_\_\_  
1st Choice

\_\_\_\_\_  
2nd Choice

\_\_\_\_\_  
3rd Choice

SPECIAL SUBJECT(S): \_\_\_\_\_

OTHER PROFESSIONAL AREAS: \_\_\_\_\_

COFFEEVILLE SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN, AGE, OR HANDICAP.

List co-curricular activities which you are qualified and prepare 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 five (5) individuals as your references. Include superintendents, principals, and supervisors under whom you have worked in addition to college professors and supervisory teacher. Please do not list relatives as references.

NAME	OFFICIAL POSITION	ADDRESS (Street, City, State, & 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 in-service 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.*

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



### EDUCATION

Name of School and Location (Include High School, college, graduate, post graduate)	Dates Attended (Month, Year)	Degree Received	Minor Subject	Semester Hours in Major	Minor Subject	Semester Hours in Minor
	From _____ To _____					
	From _____ To _____					
	From _____ To _____					
	From _____ To _____					

### EXPERIENCE IN EDUCATION

Name & Complete Address of School System	Period of Service: (Exact Month & Year)	Number of Months	Nature of Work: (Grades, Subjects)	Reason for Leaving
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			

Have you previously been employed by the Coffeerville School District? Yes \_\_\_\_ No \_\_\_\_

Are you presently under contract with any school system? Yes \_\_\_\_ No \_\_\_\_

Name of 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 reemployed for a teaching or administrative position? Yes \_\_\_\_ No \_\_\_\_

If yes, give details \_\_\_\_\_

Have you ever been arrested or convicted of an offense other than a misdemeanor? Yes \_\_\_\_ No \_\_\_\_

If yes, give details \_\_\_\_\_

COFFEEVILLE SCHOOL DISTRICT  
16849 Okahoma Street  
Coffeeville, Ms 38921-2593  
Phone: (662) 675-8941

**APPLICANT PERMISSION FOR EMPLOYMENT BACKGROUND CHECK**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SENATE BILL 2658 requires criminal background checks for new public school licensed and non-licensed employees.

Licensed and non-licensed public school employees, must have on file a criminal record background check and current child abuse registry check. A history of felony convictions or arrest shall disqualify an applicant from employment.

Any employment contract executed by the superintendent shall be voidable if the new hire receives a disqualifying criminal record check.

The cost of the background check shall be paid by the applicant upon acceptance of an offer of employment and shall not exceed \$50.

Coffeeville School district or any school district employee or board member shall not be liable in any discrimination suit in which allegations or discrimination are made regarding employment decisions authorized by this bill. The information obtained as part of the background shall not be disseminated for any purpose other than as required by this bill.

The superintendent may use the criminal background check process in investigating and taking employment action against licensed and non-licensed employees.

I give my permission for Coffeeville School District to conduct a background investigation check to include law enforcement, the Child Abuse Central Registry, previous employers, and any other person or organization to determine my suitability for employment. I understand that this condition of an offer of employment and that any history of felony convictions or arrest shall disqualify me from employment with Coffeeville School District.

*Effective from and after July 1, 2000*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please complete the reverse side.**