

**WESTERN LINE SCHOOL DISTRICT**  
 102 Maddox Road - P. O. BOX 50  
 Avon, Mississippi 38723  
 Phone: 662-335-7186 Fax: 662-378-2285  
 www.westernline.k12.ms.us



**APPLICATION FOR EMPLOYMENT**  
**CERTIFIED STAFF**

Please type or print legibly

Date of Application \_\_\_\_\_

**Position Desired (circle all that apply)**

Teacher	Special Ed.	Coach	Counselor	Administrator	Other _____ (please specify)
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Name of Applicant \_\_\_\_\_  
 (First) (Middle) (Last)

Present Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Permanent Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Phone Numbers \_\_\_\_\_  
 (Home) (Cell) (Email)

**Mississippi Certificate Information**

Class (circle all that apply)	A	AA	AAA	AAA
Endorsements (List all endorsements and expiration dates)				
				<u>Certificate Number</u>

Degree (circle all that apply)	BS	BA	Master's	Vocational	Specialist	Doctorate
Grade Point Average	Under Graduate		Graduate		Post Graduate	

PRAXIS		National Teacher's Exam (NTE) - required after 1975	
	Pre-Professional Skills		General Knowledge Score
	Principles of Learning and Teaching		Professional Knowledge Score
	Specialty Area (specify)		Communications Skills
	Specialty Area (specify)		Subject Area Score

Student Teaching Grade Level and/or Subject \_\_\_\_\_

**Instructional Levels**  
 (List grades and subjects you prefer to teach in order 1-5)

Grade	1		2		3		4		5	
Subject	1		2		3		4		5	

**EDUCATION**

School	Name of School/ Address	Dates Attended Month/Year	Degree Received	Major	Hrs. in Major	Minor	Hrs. in Minor
Secondary	_____	From: / To: /					
Under- Graduate	_____	From: / To: /					
Graduate	_____	From: / To: /					
Post- Graduate	_____	From: / To: /					

**PRIOR TEACHING EXPERIENCE**

Name & Complete Address of School System	Period of Service Exact Month, Year	Number of Months	Position	Reason for Leaving
_____	From: / To: /			
_____	From: / To: /			
_____	From: / To: /			
_____	From: / To: /			
_____	From: / To: /			

Total Months \_\_\_\_\_

Total Years \_\_\_\_\_

**OTHER WORK EXPERIENCE**

Name & Complete Address of Employer	Period of Service Exact Month, Year	Name of Supervisor	Position	Reason for Leaving
_____	From: / To: /			
_____	From: / To: /			

Have you previously been employed by the Western Line School District? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_

Are you presently under contract with any school district? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_

If yes, do you have a release from your present employer to discuss a position with Western Line? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_

School District \_\_\_\_\_ Until \_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

Are you a citizen of the United States? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_

Have you ever been dismissed, asked to resign, or failed to be reemployed? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a federal or state felony? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**GIVING FALSE INFORMATION ON THIS APPLICATION WILL BE GROUNDS FOR NON-EMPLOYMENT**

List extra-curricular activities you are qualified and prepared to direct \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List college activities and honors before and since graduation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERSHIP IN ORGANIZATIONS (Include Civic, Fraternal, Professional, Religious and Social. Please indicate position(s) of leadership which you have held in any organization listed.)		
Organization	Position	Address
		_____
		_____
		_____

**REFERENCES**

**(List 6 individuals as references. Include superintendents, principals, or supervisors with whom you are working or have worked. Persons who directed your professional preparation (including student teaching supervisor and professors) should also be included.**

Name	Position	Address	Phone Number
		_____	
		_____	
		_____	
		_____	
		_____	
		_____	

**READ THE FOLLOWING STATEMENT CAREFULLY**

By my signature, I attest that the information set forth in this application is true and represents me accurately, and if employed, falsified statements on this application shall be considered sufficient cause for dismissal. 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 on file in an active status for a period of one year only unless I notify the personnel office in writing to keep the application current.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please include the following information with this packet:

- Copy of current Mississippi teaching certificate
- Copy of NTE/PRAXIS scores
- Official transcript(s)
- Philosophy of Education in your own handwriting
- You may include a resume if desired

The accompanying Verification of Employment forms should be forwarded by you to previous employers (school districts only) and Reference forms should also be forwarded by you to all six references. Include a stamped envelope addressed to the following for prompt return to our office:

Western Line School District  
Attn: Personnel Department  
P. O. Box 50  
Avon, MS 38723



**WESTERN LINE SCHOOL DISTRICT**  
P. O. Box 50  
Avon, Mississippi 38723  
Phone: 662-335-7186 Fax: 662-378-2285  
www.westernline.k12.ms.us

**REQUEST FOR VERIFICATION OF PRIOR SERVICE**

The Western Line School District is attempting to establish the prior service of the person listed below. Please complete the following information and return to this office as soon as possible.

Name of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_ Certificate # \_\_\_\_\_

School District \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

<b>Experience Record</b>					
<b>(List each year of experience beginning July 1 - June 30)</b>					
Name of School	School Year		Time Served		Full or Part-time
	Beginning Date	Ending Date	Months	Days	
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	

The above school system or college was fully approved or accredited by the \_\_\_\_\_  
Board of Education at the time service was performed. (State)

Public School \_\_\_\_\_ Private School \_\_\_\_\_

I hereby certify the above listed experience is a true and correct copy of the records on file for the teacher named above. (Must be signed by an official from the school system central office.)

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

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Date \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_



**WESTERN LINE SCHOOL DISTRICT**

**CONFIDENTIAL REFERENCE EVALUATION FORM**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The above named person is an applicant for a teaching position and has named you as a reference. We shall appreciate it if you will give us your evaluation of the candidate and return it at your earliest convenience. This evaluation will be held in strict confidence and will not be accessible to the applicant. Please return this recommendation directly to **Western Line School District, Attn: Personnel Department, P. O. Box 50, Avon, MS 38723.**

		Excellent	Above Average	Average	Below Average	Poor	Don't Know
<b>PERSONAL QUALITIES</b>	Character						
	Personal Appearance: Dress, Grooming, Impression						
	Health: Vitality, Cheerfulness, Endurance						
	Friendliness: Tact						
	Enthusiasm						
<b>PROFESSIONAL/ SOCIAL TRAITS</b>	Knowledge of Subject						
	Skill in Instructional Techniques						
	Use of English						
	Enthusiasm for Teaching						
	Ability to Work With and Professionalism with Others						
	Adaptability to New Ideas and Change						
<b>TEACHING TECHNIQUES &amp; SCHOOL MANAGEMENT</b>	Discipline: Follows District Policies, Maintains Control, Consistent						
	Use of Sound Judgment						
	Attention to Individual Needs of Students						
	Promptness: Neatness and Accuracy of School Records						
	Reliability						
	Care of Room, Facilities, and Equipment/Materials						

In what capacity have you known this applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Have you seen the applicant teach? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to employ or re-employ this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments \_\_\_\_\_

Name \_\_\_\_\_

Educational Institution \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

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