

# WESTERN LINE SCHOOL DISTRICT

P. O. Box 50, 102 Maddox Road  
 Avon, Mississippi 38723  
 Phone: 662-335-7186 Fax: 662-378-2285

## APPLICATION OF EMPLOYMENT

Date \_\_\_\_\_

### POSITION DESIRED (Check one or more)

<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Cafeteria Supervisor	<input type="checkbox"/> Maintenance Supervisor
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Cafeteria Manager	<input type="checkbox"/> Maintenance Worker
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Cafeteria Worker	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Secretary	<input type="checkbox"/> Custodian	

Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
Last First Middle

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

Telephone \_\_\_\_\_ - \_\_\_\_\_ Until \_\_\_\_\_  
Area Code Date

Permanent Address \_\_\_\_\_  
 (if different than above) Street City State Zip

### EDUCATION (Circle all that apply)

High School Years Completed				Diploma		GED		College Years Completed				Degree(s) (Include a copy of degree or transcript)
1	2	3	4	Yes	No	Yes	No	1	2	3	4	AS AA BS BA Masters

Do you hold a Mississippi Teacher's Certificate Yes No

If applying for an Assistant Teacher Position, have you passed 48 hours of college course work? Yes No  
 (Please include a copy of your degree or college transcript)

Do you hold these certificates/licenses?

	Valid Period			
	Yes	No	From	To
Driver's License				
Commercial Driver's License				
School Food Service Manager				
School Food Service Supervisor				

Have you previously been employed by Western Line Schools? Yes No

Date available for employment: \_\_\_\_\_ Are you presently employed? Yes No

If yes, with whom? \_\_\_\_\_ Position/Type of Work? \_\_\_\_\_

List the office machines you are able to operate: \_\_\_\_\_

*Western Line School District does not discriminate on the basis of sex, race, color, creed, religion, national origin, marital status, age, or handicap.*

### EDUCATION

Name of School & Location Include High School, College, Graduate, Post-Graduate Work in order taken	Dates Attended Month/Year	Degree Received	Major	Sem. Hrs. in Major	Minor	Sem. Hrs. in Minor
_____	From: ___/___/___ To: ___/___/___					
_____	From: ___/___/___ To: ___/___/___					
_____	From: ___/___/___ To: ___/___/___					

### WORK EXPERIENCE

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

Have you ever been asked to resign, been discharged or failed to be reemployed?    Yes    No

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

Are you a citizen of the United States?    Yes    No

List any additional information you wish to submit: \_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

List the names, position and address of four (4) individuals as your references. Include supervisors under whom you have worked. Please do not list relatives as references.

Name	Official Position	Address Street, City, State, Zip	Phone Number

**Read the following statement carefully and sign:**

*By my signature, I attest that the information in this application is true and represents me accurately. If employed, I agree to abide by all policies approved by the Board of Trustees and will cooperate fully 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.*

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

Signature: \_\_\_\_\_