

Canton Public School District is an Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT



*License Required*

## Canton Public School District

Office of Personnel

403 East Lincoln Street

Canton, MS 39046

Phone: 601-859-3089 • Fax: 601-859-4023

*(PLEASE PRINT OR TYPE)*

Position Desired \_\_\_\_\_ Administrative/Supervisory \_\_\_\_\_ Teacher \_\_\_\_\_ Other  
*(Check appropriate space)*

For what position are you applying? \_\_\_\_\_

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired yearly salary range? \_\_\_\_\_ *(Do not omit)*

What was your previous salary, on your last job? \_\_\_\_\_ *(Do not omit)*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Give your legal name, not what you wish to be called. (i.e. Legal Name: Jimmy Stevens Not Jim Stevens.)

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

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code _____	Home Number _____	Date of Birth ____/____/____	Social Security No. _____	Marital Status Single _____ Married _____	Sex Female _____
Area Code _____	Cell Number _____			Divorced _____ Widowed _____ <i>(Check appropriate space)</i>	Male _____

*“Working Together Works”*

**CERTIFICATION/LICENSURE INFORMATION**

Do you hold a Valid Mississippi License?  Yes  No Expiration Date \_\_\_\_\_

Have you passed Praxis I? (Reading, Writing, Math)  Yes  No

Have you passed Praxis II? (Principles of Learning & Teaching PLT)  Yes  No

Have you passed Praxis II? (Specialty Area Test)  Yes  No Area \_\_\_\_\_  
 i. e. Elementary Ed., English, Math etc.

Did you receive your license through an alternate route?  Yes  No

Are you presently enrolled in an alternate route program?  Yes  No

**CLASS CERTIFICATION/Licensure Subject/Area(s) of Endorsement**

*(Check appropriate space)*

**A (Bachelor)** \_\_\_\_\_ **AAA(Specialist)** \_\_\_\_\_  
*(Area)* *(Area)*

**AA (Master's)** \_\_\_\_\_ **AAAA(Doctorate)** \_\_\_\_\_  
*(Area)* *(Area)*

**Educational Information**

College/University/Location	Years Attended	Graduation Date	Degree(s)	Major

**Certified Teaching Experience At An Accredited School (List in chronological order)**

School District & Location	Subject and Grade Level(s)	Employment Month/Year From/To	Number of Years

**Non-Teaching Experience**

Employer/Location	Job Title	Employment Month/Year From/To	Number of Years

How did you learn about the Canton Public School District? *(Check appropriate space)*

Advertisement       Relative       Friend  
 District's Webpage       Inquiry       Other \_\_\_\_\_

Have you ever been employed with Canton Public Schools before?       Yes       No

If yes, when, where, and what position? \_\_\_\_\_

Are you currently employed?       Yes       No

Are you currently under contract with another school district?       Yes       No

If yes, where? \_\_\_\_\_

Have you ever been terminated, asked to resign, or non-renewed? If yes, give details       Yes       No

Have you ever been convicted of a felony or immoral offense?       Yes       No

If yes, please explain. \_\_\_\_\_

Have you ever been convicted of a misdemeanor?       Yes       No

If yes, please explain. \_\_\_\_\_

Have you ever filed or collected Workers' Compensation?       Yes       No

If yes, please explain. \_\_\_\_\_

Given your knowledge, skills, education and experience, are you able to perform all the essential functions of the position for which you are applying, with or without reasonable accommodations.

Yes       No

If special accommodations are required, please contact the Director of Personnel.

*(Do not omit this section.)*

**RELATIVES AND FRIENDS EMPLOYED WITH CANTON PUBLIC SCHOOL DISTRICT**

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

**IN CASE OF EMERGENCY - CONTACT:**

Name	Relationship	Telephone No.	Address
Name	Relationship	Telephone No.	Address

**READ CAREFULLY AND SIGN**

By my signature, I attest that the information contained in this application is true and accurate. It is understood and agreed upon that any information misrepresented by me in this application may result in cancellation of this application and any conditional offer of employment that may have been made and/or separation from the Canton Public School District, if I have been employed.

I give the Canton Public School District the right to contact all references and to secure additional job-related information about me. I hereby release from liability the Canton Public School District and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

The completion, submission and receipt of this application does not imply an offer of employment. This application will remain active for one year. At the conclusion of that time, if I have not heard from the Canton Public School District, and I still wish to be considered for employment, it will be necessary to fill out a new application.

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**Signature** **Date**

In employment, job assignment, and employee/employer relations, no procedure shall discriminate against any applicant or employee on the basis of age, sex, race, religion, national origin or disability.



# CANTON PUBLIC SCHOOL DISTRICT

**Dwight J. Lockett, Superintendent**  
**Vickie Kaye Patrick, Assistant Superintendent**

**To:** Mississippi Department of Human Services  
Division of Family & Children Services  
Child Abuse Central Registry  
P O Box 352  
Jackson, MS 39205

**From:** Ruby Holden, Director  
Office of Personnel  
Canton Public School District  
403 East Lincoln Street  
Canton, MS 39046  
(601) 859-3089

**In accordance with Senate Bill 2658, A Child Abuse Central Registry Check is required for the following school personnel or employee:**

**Name:** \_\_\_\_\_  
**PRINT** Full Name (*list maiden name & list any aliases*)

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

*By signing this form, I give the above named agency permission to request an MDHS Child Abuse and Neglect Central Registry background check.*

\_\_\_\_\_  
*Applicant's 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 driver's license. I understand that this information must be kept confidential with my agency.*

*Signature of Witness:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
(Witness must be a representative of the requesting agency)

.....  
**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

***"Working Together Works"***

**CANTON PUBLIC SCHOOL DISTRICT**

403 East Lincoln Street

Canton, Mississippi 39046

Office: (601) 859-3089 Fax: (601) 859-4023

**CERTIFIED APPLICANT'S REFERENCE FORM**

\_\_\_\_\_ is an applicant for a position as a/an \_\_\_\_\_ in the Canton Public School District and referred you as having personal knowledge of his/her qualifications. Please check the following factors for which you have adequate information to make an appraisal and add any supplementary comments which you think are pertinent. ***Please note that verification of this information may be conducted by phone.*** Your frank appraisal of the applicant's qualifications will be appreciated and treated confidentially.

\_\_\_\_\_  
Dwight J. Luckett, Superintendent

<b>FACTORS TO BE RATED</b>	<b>VERY HIGH</b>	<b>HIGH</b>	<b>AVERAGE</b>	<b>LOW</b>	<b>VERY LOW</b>	<b>NOT OBSERVED</b>
1. General intelligence						
2. Physical health						
3. Professional attitude						
4. Enthusiasm for teaching						
5. Instructional skills						
6. Classroom control						
7. Character						
8. Initiative						
9. Adaptability						
10. Cooperation						
11. Work attendance						
12. Professional conduct						

Supplementary comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Professional \_\_\_\_\_ or Personal \_\_\_\_\_ reference

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

Employer: \_\_\_\_\_

Are you/were you the immediate supervisor of the applicant? (yes or no) \_\_\_\_\_. If yes, for how long? \_\_\_\_\_.

<p><b>FOR OFFICE USE ONLY</b></p> <p>Reference verified by: _____</p> <p>Date: _____</p>
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\_\_\_\_\_

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<b>FOR OFFICE USE ONLY</b>
Reference verified by: _____
Date: _____

*To the Applicant:*

*Three (3) references are required, two professional and one personal. Of the two professional references, one must have served or is serving as your immediate supervisor. You may use superintendents, principals, or supervisors (including student teacher supervisor) who can attest to your professional abilities.*

*In lieu of this reference form, you may use three (3) written letters of recommendation. Each letter must include the title and employer of the individual providing the reference and telephone number(s) where that individual may be reached.*

*Reference forms or letters may be submitted along with your application or mailed to the address below:*

*Department of Personnel  
Canton Public School District  
403 East Lincoln Street  
Canton, Mississippi 39046*