

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. _____	Race _____	US Citizen ____ Yes ____ No	Sex ____ Female ____ Male
Area Code _____	Cell Number _____					

“Working Together Works”

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 arrested? Yes No

If yes, please explain. _____

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 had a criminal conviction sealed or expunged? Yes No

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 within the application packet 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.

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. Luckett
Superintendent of Schools

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.

FACTORS TO BE RATED	VERY HIGH	HIGH	AVERAGE	LOW	VERY LOW	NOT OBSERVED
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? _____.

FOR OFFICE USE ONLY
Reference verified by: _____
Date: _____

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 Title: _____
 Telephone number: () _____
 Professional _____ or Personal _____ reference
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 Employer: _____

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FOR OFFICE USE ONLY
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*



Canton Public School District Background Check Consent Statement

State law mandates, as of July 1, 2000, that all new hire licensed and non-licensed employees have a state Child Abuse Registry Check and criminal records background check. Applicants are ineligible for employment if checks disclose a guilty plea, conviction, or nolo contendere plea to a felony conviction for:

- A. Possession or sale of drugs;
- B. Murder, manslaughter, or armed robbery;
- C. Rape, sexual battery, or sex offense as listed in Section 45-31-3;
- D. Child abuse, arson, grand larceny, or burglary;
- E. Gratification of lust or aggravated assault;
- F. Or for any other felony offense.

Answer the question listed below. Check the appropriate response.

Yes No Have you been involved, connected, or charged with one or more of the above offenses?

If you checked “yes” to the above question, submit a written explanation for the offense(s), for which you were involved, connected, or charged.

I understand, if the Canton Public School District offers me employment, the district will request a background check consisting of a criminal history check and Child Abuse Registry Check to be used for employment-related purposes. This is in accordance with Senate Bill 2658 / 37-9-17, signed into law by the Governor. Any disqualifying information received from the checks may be grounds for immediate dismissal. I further understand that I will be required to pay a processing fee. I have carefully read and understand this Background Check Consent Statement.

Note: Under no circumstances shall a member of the Mississippi Board of Education, superintendent/director of schools under the purview of the Mississippi Board of Education, local school district superintendent, local school board member or any individual other than the subject of the criminal history record checks disseminate information received through any such checks except insofar as required to fulfill the purposes of this section. (MS Code: 37-9-17)

Please Print Your Name.

(First)	(Middle)	(Last)
(Social Security Number)	(Signature)	(Date)

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