

EDUCATION

Have you completed the 12th grade? _____ If no, highest grade completed _____

If yes, name of school _____ City/State _____

Diploma? _____ GED? _____ Did you attend school beyond 12th grade? _____

If yes, name of college/university and years attended _____

Degree, if any: _____ Major _____

RECORDS OF EMPLOYMENT

Present Employer Name and Address _____

_____ Type of Work _____

Length of Employment: From: _____ To: _____

Next Previous Employer Name and Address _____

_____ Type of Work _____

Length of Employment: From: _____ To: _____

Next Previous Employer Name and Address _____

_____ Type of Work _____

Length of Employment: From: _____ To: _____

REFERENCES: (List only former employers or persons familiar with the quality of your work)

Name	Complete Address	Relations to Your Work	Phone Number

TERMINATION: Classified employees can be terminated by the recommendation of the immediate supervisor and the approval of the Superintendent.

Applicant's Signature _____

In employment, job assignment, and employee/employer relations, no procedure shall discriminate against any applicant or employee on the basis of age, sex, race, national origin or disability. **The completion, submission and receipt of this application do not imply an offer of employment.**

CANTON PUBLIC SCHOOL DISTRICT

403 East Lincoln Street

Canton, Mississippi 39046

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

CLASSIFIED 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

<i>FACTORS TO BE RATED</i>	<i>VERY HIGH</i>	<i>HIGH</i>	<i>AVERAGE</i>	<i>LOW</i>	<i>VERY LOW</i>	<i>NOT OBSERVED</i>
1. General intelligence						
2. Physical health						
3. Quality of work (<i>excellence of work produced</i>)						
4. Quantity of work (<i>volume of work produced</i>)						
5. Work habits & attitudes						
6. Cooperation (<i>works effectively with others</i>)						
7. Initiative (<i>ability to initiate own actions</i>)						
8. Ability to follow instructions						
9. Personal appearance						
10. Work attendance						
11. General 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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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:

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



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: Gloria C. Davis
Personnel Department
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"