



**EDUCATION**

Have you completed the 12<sup>th</sup> grade? \_\_\_\_\_ If no, highest grade completed \_\_\_\_\_

If yes, name of school \_\_\_\_\_ City/State \_\_\_\_\_

Diploma? \_\_\_\_\_ GED? \_\_\_\_\_ Did you attend school beyond 12<sup>th</sup> 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: \_\_\_\_\_

Previous Employer Name and Address \_\_\_\_\_

\_\_\_\_\_ Type of Work \_\_\_\_\_

Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

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, race, color, creed, sex, religion, national origin, or disability. **The completion, submission and receipt of this application does 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. Lockett, 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. 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? \_\_\_\_\_.

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

\_\_\_\_\_  
\_\_\_\_\_

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Supplementary comments: \_\_\_\_\_  
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Telephone number ( ) \_\_\_\_\_

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

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:*

*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"**