

Prospective employees for the South Delta School District will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

**SOUTH DELTA SCHOOL DISTRICT**  
**Post Office Box 219**  
**Rolling Fork, MS 39159**  
**(662) 873-4302**

**APPLICATION OF EMPLOYMENT**

\_\_\_\_\_  
**Last Name** **First** **Middle**

**Present street address:** \_\_\_\_\_

\_\_\_\_\_  
**City** **State** **Zip Code**

**How long at the present address?** \_\_\_\_\_ **Years**

**Previous street address:** \_\_\_\_\_

\_\_\_\_\_  
**City** **State** **Zip Code**

**How long at the previous address?** \_\_\_\_\_ **Years**

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

**Home Telephone ( )** \_\_\_\_\_ **Business Telephone ( )** \_\_\_\_\_

**Position Desired:** \_\_\_\_\_

**When is the earliest date you can begin work in this district?** \_\_\_\_\_

**Membership(s) to which you belong:** \_\_\_\_\_

**Have you ever been convicted of an offense other than a misdemeanor? Yes ( ) No ( )**

**If "yes" please explain.** \_\_\_\_\_

**Exact title, type, and area of certificate you hold:** \_\_\_\_\_

**List school activities and any honors received:** \_\_\_\_\_

**List other special training or skills which qualify you for the position:** \_\_\_\_\_

\_\_\_\_\_

## ACADEMIC RECORD

NAME OF SCHOOL AND LOCATION	DATES OF ATTENDANCE	DEGREE OR DIPLOMA	MAJOR FIELD OF STUDY
	FROM:  TO:		
	FROM:  TO:		
	FROM:  TO:		
	FROM:  TO:		

## PREVIOUS WORK EXPERIENCE

NAME OF EMPLOYER	DATES OF EMPLOYMENT	OCCUPATION	REASON FOR LEAVING
	FROM:  TO:		
	FROM:  TO:		
	FROM:  TO:		
	FROM:  TO:		
	FROM:  TO:		

**REFERENCES**

<b>NAME</b>	<b>ADDRESS</b>	<b>OCCUPATION</b>	<b>TELEPHONE NUMBER</b>

**I hereby declare that the information provided by me in this application for employment in the South Delta School District is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.**

**Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_**

## PERMISSION FOR BACKGROUND CHECK

DATE: \_\_\_\_\_

I give my permission for the South Delta School District to conduct a background screening check with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission form is part of my application for a position with South Delta School District. I further understand that this information will only be used in regard to the above application.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_