

Noxubee County School District

P. O. Box 540 Macon, Mississippi 39341 Phone (662) 726-4527 or 726-4583

APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State Zip			Business Telephone
	d for employment with us? Month and Year	? Location	Social Security #
Position Desired			Pay Expected
	or religious observance, a what hours can you work?	re you available for full-time work?	Will you work overtime if asked? □Yes □ No
Are you legally eligible	e for employment in the U	nited States?	When will you be available to begin work?
Other special training	or skills (languages, mac	hine operation, etc)	·

	*School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Е	Graduate				□ Yes □ No	
DUC	College				□ Yes □ No	
AT-OZ	Business/Trade/ Technical				□ Yes □ No	
	High School				□ Yes □ No	
	Elementary				□ Yes □ No	

MILITARY	Did you serve in the U.S. Armed Forces?	□ Yes	□ No	If "Yes," in what Branch?		
Describe any training received releva	Describe any training received relevant to the position for which you are applying.					

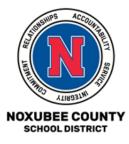
	Company Name	Telephone () Employed – (State month and year)		
	Address			
		From	То	
	Name of Supervisor	Weekly pay		
1		Start	Last	
	State Job Title and Describe Your Work	Reason for Leaving		
		-		

2	Company Name	Telephone
	Address	() Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

FOR EMPLOYER'S USE ONLY

	Employer	Person Contacted	Results
Refe	1		
rence	2		
Creck	3		
Ck	4		

S	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.
ĠZ<	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
TURE	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.
	Date Signature



PERMISSION FOR BACKGROUND CHECK

DATE_

I give my permission for the Noxubee County 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 is a part of my application for a position with the Noxubee County Schools. I further understand that this information will only be used in regard to the above application.

Name		
Address		
Social Security Number		
Race	Sex	
Date of Birth		
Signature		