CLASSIFIED PERSONNEL Jones County School District 5204 Hwy 11 North Ellisville, MS 39437

## **FOR OFFICE USE ONLY**

Date Processed				
Date Re-activated				
References	1	2		
Interviewed By				

		CHECK ONE	OIL WIGHT		
Bookkeeper			Asst	. Teacher	Custodian
Secretary			Othe	Other	
Date:					
Name					
Last		First			Middle/Maiden
Address					
Number			City	State	Zip
Date of Birth		Socia	l Security #		
Felephone Area Code		_	Community	You Presently	Live In
	FDI	JCATION (CIRCL		<u>,                                      </u>	
THE LEGISON DIDLOMA					Too all on Acad Took
		COLLEGE YEARS COMPLETED No 1 2 3 4		DEGREE BA BS	Teacher Asst. Test Yes No
		Educa			
Name of School & L	ocation	Educa Dates Attended	Type of Diploma	Maj	or/Minor Subject
	ocation	Dates	Type of	Maj	or/Minor Subject
	ocation	Dates	Type of	Maj	or/Minor Subject
	ocation	Dates	Type of	Maj	or/Minor Subject
	ocation	Dates	Type of	Maj	ior/Minor Subject
	ocation	Dates	Type of	Maj	ior/Minor Subject

The Jones County School District is an Equal Opportunity Employer and does not discriminate on the basis of gender, race, religion, color, national origin, age or handicap.

EXPERIENCE WITH CHILDREN (IF APPLICABLE)				
	Type of Experience	City/State	Type of Work	Date of Employment
Camp				
Home				
Church				
Community				
Other				

ENCE (BEGINNI	NG WITH CUR	RENT OR MOST	RECENT
Telephone	Position	Date of Employment	Reason for Leaving

Personal Data:
Have you ever been asked to resign, been discharged, or failed to be reemployed?
YesNo
If yes, give details
Have you ever been convicted of an offense other than a misdemeanor?YesNo
If yes, give details
Please give name and address of any relative who works for this school district or who are members of the School Board

Are you prevented from lawfully Immigration status? yes		ountry because of	Visa of
(Employment consideration conti	ngent upon proof of citizens	hip or immigration	status.)
	References		
List two people who can commen posi	t on your personal and professi tion. Do not list relatives as refe	•	or fitness) for this
Full Name	Complete Address	Title	Phone
	Read Carefully		
The information contained herein abide by all the policies approved in-service programs for improven constitute grounds for dismissal.	by the Board of Trustees an	d will cooperate fu	ılly with
About Your Application: This appl months from the date of applicat twelve (12) month period upon re consecutive years, this application part of your permanent file.	ion. This application will be request. After remaining in the	e-activated for an e inactive file for t	additional wo (2)
Date: Applicant'	s Signature:		

## **JONES COUNTY SCHOOLS**

## APPLICANT BACKGROUND CHECK

## Consent for Misdemeanor and felony criminal background check

NAME:			(
First	Middle	Last	Maiden
SOCIAL SECURITY NUMBE	ER:		
ADDRESS:			
•	d to any law enforcemen	• '	
	ve. This is to include all r		
i understand that District not to consider m	the results of this investig	gation could cause the .	ones County School
	iderstand that my refusal	to allow the hackgroup	d check will remove
my name from employme		to allow the backgroun	a check will remove
,,			
DATF.	SIGNATURE:_		
D/(12.		(Applica	 ant)
			·
DATE:	SIGNATURE:		
		(Witne	

If applicant is under age 18, parent/guardian must sign as witness to verify consent of fingerprinting and performance of criminal background check.