

EMPLOYMENT APPLICATION

Transportation Dept.
North Pike School District
1036 Jaguar Trail – Summit, MS

Date: _____

Positions (Check One or More)
<input type="checkbox"/> Transportation Director
<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Mechanic
<input type="checkbox"/> Shop Foreman
<input type="checkbox"/> Secretary

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip

UNTIL _____
Date Area Code Telephone #

Permanent Address _____
Street City State Zip

EDUCATION (circle one or more)

High School Years Completed	1 2 3 4	College Years Completed	1 2 3 4 5	G.E.D. YES NO	DIPLOMA YES NO	DEGREE(S) BS BA MASTER'S
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Do you hold a Mississippi Teacher's Certificate? _____ YES _____ NO

Endorsements _____
Class Type Major Teaching Areas

Do you hold These Certificates? _____
Valid Period From _____ To _____

School Bus Driver's License? _____ Yes _____ No

Are you presently employed? _____ Yes _____ No

If yes, with whom? _____ Type of Work _____

List the office machines you are able to operate _____

Date available for employment: _____

North Pike School District does not discriminate on the basis of sex, race, religion, color, national, origin, age or handicap.

EDUCATION

Name of School & Location Include High School, College graduation, Graduate Work (in order taken)	Dates Attended Month – Year	Degree Receive	Major Subject	Sem. Hrs. in Major	Minor Subject	Sem. Hrs in Minor
	From _____ To _____					
	From _____ To _____					
	From _____ To _____					

EXPERIENCE

Name & Complete Address Of Employer	Dates Employed Month – Year	No. of Years	Position	Reason for Leaving this Position
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			

Have you ever been asked to resign, been discharged, or failed to be reemployed? ____ Yes ____ No

If yes, give details _____

Have you ever been convicted of an offense other than a misdemeanor? ____ Yes ____ No

If yes, explain _____

Are you a citizen of the United States? ____ Yes ____ No

List any additional information which you wish to submit _____

REFERENCES

List the names, position and address of four (4) individuals as your references. Include supervisors under whom you have worked. Please do not list relatives as references.

Name	Official Position	Address (Street, City, State & Zip)	Phone Number

Read carefully and sign the following statement.

By my signature, I attest that the information contained in this application is true and represents me accurately. If employed, I agree to abide by all policies approved by the Board of Trustees and will cooperate fully with in-service programs for improvement. I understand that this application will remain in the active file for a period of one year and will be classified as inactive unless I notify personnel office in writing to keep application current.

Date _____

Signature _____