

## RANKIN COUNTY SCHOOL DISTRICT EMPLOYMENT APPLICATION FOR CLASSIFIED STAFF

	1 110110 001 02	25-5590   Fax 601	020 2010	www.icsa.iiis			
Date of Availability		Position [	Position Desired		Date of Application		
Name:	AS NAME APPEARS ON	SOCIAL SECURITY CARD		SSN:	/		
Present Address:			STATE	ZIP CODE	TELEPHONE NUME	ER	
Permanent Address: _	STREET	CITY	STATE			ER	
E-mail Address:							
	ED	OUCATION (Chec	k One or Mo	ore)			
High School Years (	Completed: 1 📮 2	3 4 4	Diploma: Ye	es 🔲 No 🖵			
	College: 1 📮 2	3 4 0 0	egree(s): B	S□ BA □ Ma	asters 📮 Doctor	ate 📮	
	GED: Yes 🖵	No 🖵					
Do you hold a Mississi	ppi Teacher Licer	nse? Yes 💷 No 📮					
Endorsements:	CLASS	TYPE	:		MAJOR TEACHING AREA	S	
Do you hold the any o	of the following ce	ertificates? If so, a	tach a curre	ent copy.			
□ School Bus □ □ School Food	Drivers Certificate   Service Supervis   Service Manager	or Certificate		, ,			
Have you previously b	een employed by	Rankin County S	chool Distric	ct? Yes 📮 No	٥		
If you are presently er	mployed, list comp	pany name and ty	pe of work.				
List the office machine	es vou operate:						

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## **EMPLOYMENT EXPERIENCE**

NAME OF EMPLOYER	CITY & STATE	TYPE OF WORK	LEAVING THIS POSITION	DATES
•	-	discharged, or failed to	be reemployed? Yes	□ No □
If yes, give details:				
Have you ever been of felony? Yes . No .	charged with or convi	cted of a criminal or civ	vil offense, either a mis	sdemeanor or
		the offense, the date y ith each offense or crin		
Have you ever been o	charged with or arrest	ed or convicted of a ci	vil or criminal sexual o	ffense? Yes 📮 No 📮
If yes, please explain:				
Are you a citizen of t	ne United States? Yes	□ No □		

## REFERENCES

NAME	OFFICAL POSITION	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NUMBER		
Read carefully and sign the following statement:					
By my signature I attest the accurately. If employed, I accoperate fully with in-serving the active file for a period of	gree to abide by all the poli vice programs for improven	cies approved by the Board nent. I understand that this	d of Education and will application will remain in		

I give my permission for the Rankin County School District to conduct a background screening check with any law enforcement agency, the Child Abuse Central Registry, previous employers, and any other persons, corporation, or public agencies or entities to determine my suitability in working with children and my past employment history. I understand that this permission is a part of my application for a position with the Rankin County School District. I understand that should any felony or misdemeanor charges or convictions appear on my record which I have not previously disclosed in writing to the Rankin County School District, then said school shall have the right to deny me employment and I do hereby agree to immediately resign from my position of employment and accept immediate termination, without a hearing, the same being hereby waived.

writing to keep the application current.

I do further agree and direct that said agencies, previous employers or companies may release to the Rankin County School District any and all personnel files or factual information or written documentation concerning any civil or criminal charge or conviction or facts related thereto as may be on file with such agency.

Date:	Signature:
	FOR RANKIN COUNTY SCHOOL DISTRICT USE ONLY
	FOR RANKIN COUNTY SCHOOL DISTRICT USE ONLY
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RANKIN COUNTY SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF AGE, GENDER, RACE, RELIGION, HANDICAP, OR NATIONAL ORIGIN.