

FRONTIERS

Extended Day Enrichment Program

the after-school program of Rankin County School District 135 S. College Street ~ Brandon, MS 39042 Phone: (601) 825-9714

Dear Applicant:

Thank you for your interest working for Frontiers! We are always interested in receiving applications and talking to prospective employees. Please read this letter carefully. It will aid you in successfully completing this application and understanding required processes.

POSITIONS (all part-time, hourly paid, no benefits):

High School Assistant: \$8.05/hr - Current High School Seniors ONLY; Daily early dismissal required

Instructor: \$10.01/hr - High school graduates or older; High School Diploma or GED required

Substitutes: \$8.05/hr - College age & up with schedule conflicts that prevent the applicant from working the required

days and hours below

HOURS:

Basic hours for ALL positions are 1:30 pm until 6:00 pm operating on the school calendar. Actual times will depend on Frontiers site assignment. Conflicts that interfere with these hours may result in only being eligible for a Substitute position.

PROCESSING:

If hired, the following documents are required to complete processing for ALL positions. No one will not be allowed to accompany you during interviews, training sessions, fingerprinting, or processing. Please make necessary arrangements for children, if applicable, or you will be required to reschedule.

- **High School Diploma or GED** (Most recent report card for High School Seniors)
- A bank/depository account & corresponding voided check: School district employees are paid via direct deposit once a month, on the last working day of the month. During processing, applicants must submit a voided check or
 letter from his or her bank to verify account and routing numbers.
- Signed social security card: This must be the <u>actual</u> card; copies will not be accepted.
- ONE form of valid/current photo identification from this list: Driver's License, State Issued ID card, Passport, College
 ID card, or Native Tribal Document, if applicable. (High School applicants who do not possess photo identification must
 submit their most recent report card.)
- Applicants 18 and older:
 - Completion of Background Check and Child Abuse Registry: We cannot accept background checks performed by any other agency. \$40 CASH fee is required.

APPLICATION TIPS:

- Be sure to write legibly and complete all required information.
- List **FOUR** references and the required information for each.
- Zones/areas you prefer to work will be considered not guaranteed. Select all that apply.
- Completed applications may be mailed, emailed, or dropped off at our office. Please call our office for information on emailing applications.
- All applicants will be considered; however, only selected applicants will be interviewed. Applications will be kept on file for one school year.

For more information, contact us at the number shown above. Thanks again for your interest in Frontiers... We look forward to meeting you!



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EMLOYMENT APPLICATION FOR CLASSIFIED STAFF

NAME:			TODAY'S	DATE:	·/
(LAST)	(FIRST)	(MIDDLE)			
HOME ADDRESS:					
			(CITY)	(STATE)	(ZIP)
MAILING ADDRESS (if differ	rent):				
			(CITY)	(STATE)	(ZIP)
PRIMARY PHONE: ()	SECONDARY PI	HONE: ()	
EDUCATION					
Highest degree earned: [] Current High School S	enior [] High So	hool Diploma	[] GED	[] College
High School Attended/Atte	nding:		Grad	uation Year: _	
College Attended/Attendin	g:	C	ity:		State:
Please list majors, degrees	s, trainings or certificatio	ns:			
WORK AVAILABI	LITY				
NOTE: HIGH SCHOOL SENI	ORS MUST HAVE EARLY D	DISMISSAL TO BE CO	NSIDERED EL	IGIBLE FOR E	MPLOYMENT.
Date you can start work: _	/	osition Desired:			
General work hours are Mobelow (consider conflicts of		•		st your work a	vailability
MONDAY: to	TUESDAY: _	to	WEDNES	SDAY:	to
THURSDAY: to	FRIDAY: _	to			
WORK HISTORY					
Have you ever been emplo	yed with Rankin County \$	School District? []YES []	NO	
If YES, list position held:			_ Dates:		
Current Place of Employme	ent:		Type of Work	::	
May your current employer	be contacted? [] YE	S []NO			
If YES list contact person:			Phone: (1	

RANKIN COUNTY SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RACE, RELIGION, HANDICAP, OR NATIONAL ORIGIN.

> All applicants will be considered; however, only selected applicants will be interviewed. Applications remain on file for duration of the current school year.

WORK HISTORY (CONTINUED)

PLACE OF EMPLOYMENT	POSITION HELD	REASON FOR LEAVING	DATES OF SERVICE (Example: 2016 to 2018)
Have you ever been asked to resign, bee	en discharged, or failed to be	rehired? [] YES [] N	O If YES, explain:
Have you ever been charged with, or congility [] NO If YES, explain in detail the nature of the of the facts associated with each offense or congility.	ffense, the date you were arres	sted or charged, the outcom	-
Have you ever been charged with, or arr If YES, explain in detail the nature of the of the facts associated with each offense or o	ffense, the date you were arres	sted or charged, the outcom	
Are you a citizen of the United States? []YES [] NO		
List any specific experience you have i	in working with children:		
Why are you interested in working for I	Frontiers?		
List anyone you know who currently we	orks for Frontiers or has wor	ked for Frontiers in the pas	st:
Which area(s) can you work? (Check all to		e [] McLaurin [] No] Pisgah [] ANY	rthwest Rankin zone

REFERENCES

List the following information for FOUR references, including supervisors under whom you have worked. If you do not have work experience, list those who have known you for a long time and can attest to your character. Complete information on each reference is needed to process your application.

REFERENCE #1	REFERENCE #2	PEEEDENCE #2				
NAME:						
TITLE/POSITION:		TITLE/POSITION:				
EMAIL:						
PHONE: ()						
TOTAL YEARS KNOWN:						
REFERENCE #3	REFERENCE #4					
NAME:	NAME:	NAME:				
TITLE/POSITION:	TITLE/POSITION:	TITLE/POSITION:				
EMAIL:	EMAIL:	EMAIL:				
PHONE: ()	PHONE: ()	PHONE: ()				
TOTAL YEARS KNOWN:	TOTAL YEARS KNOWN:	TOTAL YEARS KNOWN:				
READ CAREFULLY AND SIGN THE FOLLOW	VING STATEMENT:					
By my signature, I attest that the information contained in the policies approved by Rankin County Board of Education Frontiers. I understand that all applicants will be considered will remain on file for the duration of the current school y	on and will cooperate fully with the in-service training for i ed; however, only selected applicants will be interviewed.	mprovement as required by				
I give permission for the Rankin County School District to a Central Registry, previous employers, and any other persochildren and my past employment history. I understand the should any felony or misdemeanor charges or convictions School, then Frontiers shall have the right to deny me empaccept immediate termination, without a hearing, the san	conduct a background screening check with any law enforons, corporation, public agencies or entities to determine that this permission is a part of my application for a position appear on my record which I have not previously disclose ployment and I do hereby agree to immediately resign from	my suitability in working with n with Frontiers. I understand that ed in writing to the Rankin County				
I further agree and direct that said agencies, previous emplifiles or factual information or written documentation convith such agency.						
		, ,				
ADDUCANTIC DONITED NAME	A DDLLGANTIC CIGNATURE	///////				
	APPLICANT'S SIGNATURE	TODAY'S DATE				
	APPLICANT'S SIGNATURE	TODAY'S DATE				
APPLICANT'S PRINTED NAME FOR FRONTIERS USE ONLY:	APPLICANT'S SIGNATURE	TODAY'S DATE				
	APPLICANT'S SIGNATURE	TODAY'S DATE				