



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 Fax: (601) 824-2900

EMPLOYMENT APPLICATION FOR CLASSIFIED STAFF

NAME: _____ TODAY'S DATE: ____/____/____
(LAST) (FIRST) (MIDDLE)

EMAIL ADDRESS: _____

HOME ADDRESS: _____ (CITY) (STATE) (ZIP)

MAILING ADDRESS: _____ (CITY) (STATE) (ZIP)
(if different from home address):

CELL PHONE: (____) _____ HOME PHONE: (____) _____

EDUCATION

Name of High School Attended/Attending	Graduation Year	High School Diploma? YES NO GED? YES NO
Name of College Attended/Attending	Course of Study	Currently Attending? YES NO Graduate? YES NO YEAR: _____
List any majors, degrees, trainings, and/ or other certifications:		

WORK AVAILABILITY

NOTE: HIGH SCHOOL SENIORS MUST HAVE EARLY DISMISSAL TO BE CONSIDERED ELIGIBLE FOR EMPLOYMENT.

Date of Availability: ____/____/____ Desired Position: [] High School Aide [] Instructor [] Substitute

General work hours are Monday through Friday from 1:30 p.m. to 6:00 p.m., operating on the school calendar. Please list your work availability *(consider availability conflicts due to college courses, night classes, other jobs, etc.)*

MONDAY: _____ to _____ TUESDAY: _____ to _____ WEDNESDAY: _____ to _____

THURSDAY: _____ to _____ FRIDAY: _____ to _____

WORK HISTORY

Have you ever been employed with Rankin County School District? [] YES [] NO

If YES, list position held: _____ Dates: _____

Current Place of Employment: _____ Type of Work: _____

May your current employer be contacted? [] YES [] NO

If YES, list contact person: _____ Phone: (____) _____

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)

MOST CURENT PLACE(S) OF EMPLOYMENT	POSITION HELD	REASON FOR LEAVING	DATES OF SERVICE <i>(Example: 2016 to 2018)</i>

Have you ever been asked to resign, been discharged, or failed to be rehired? YES NO If YES, explain:

Have you ever been charged with, or convicted of, a criminal or civil offense, either a misdemeanor or felony? YES NO

If YES, explain in detail the nature of the offense, the date you were arrested or charged, the outcome, and your version of the facts associated with each offense or crime that you were either arrested for or convicted of:

Have you ever been charged with, or arrested, or convicted of, a civil or criminal sexual offense? YES NO

If YES, explain in detail the nature of the offense, the date you were arrested or charged, the outcome, and your version of the facts associated with each offense or crime that you were either arrested for or convicted of:

Are you a citizen of the United States? YES NO

List any specific experience you have in working with children: _____

Why are you interested in working for Frontiers? _____

List anyone you know who currently works for Frontiers or has worked for Frontiers in the past: _____

Please indicate all area(s) you are willing work: Brandon zone – 39042 Northwest Rankin zone

McLaurin Florence zone Richland zone Pelahatchie Pisgah ANY

REFERENCES

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

DO NOT LIST RELATIVES

REFERENCE #1

NAME: _____

TITLE/RELATIONSHIP: _____

EMAIL: _____

PHONE: (_____) _____

NUMBER OF YEARS KNOWN: _____

REFERENCE #2

NAME: _____

TITLE/RELATIONSHIP: _____

EMAIL: _____

PHONE: (_____) _____

NUMBER OF YEARS KNOWN: _____

REFERENCE #3

NAME: _____

TITLE/RELATIONSHIP: _____

EMAIL: _____

PHONE: (_____) _____

NUMBER OF YEARS KNOWN: _____

REFERENCE #4

NAME: _____

TITLE/RELATIONSHIP: _____

EMAIL: _____

PHONE: (_____) _____

NUMBER OF YEARS KNOWN: _____

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 the policies approved by Rankin County Board of Education and will cooperate fully with the in-service training for improvement as required by Frontiers. I understand that all applicants will be considered; however, only selected applicants will be interviewed. I understand that this application will remain on file for the duration of the current school year and that I may reapply any time thereafter.

I give 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, 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 Frontiers. 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, then Frontiers shall have the right to deny me employment and I do hereby agree to immediately resign from my position/employment and accept immediate termination, without a hearing, the same being hereby waived.

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

_____/_____/_____
APPLICANT'S PRINTED NAME APPLICANT'S SIGNATURE TODAY'S DATE

FOR FRONTIERS USE ONLY:
