



# 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

### EMPLOYMENT APPLICATION FOR CLASSIFIED STAFF

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(CITY) (STATE) (ZIP)

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

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

### EDUCATION

Name of High School Attended/Attending	Graduation Year	High School Diploma? GED?
Name of College Attended/Attending	Course of Study	Currently Attending? Graduate? 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(s): \_\_\_\_\_

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.*)

### 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)**

PLACE 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

Work sites are in Brandon, Florence, Flowood, McLaurin, Pelahatchie, Pisgah, and Richland. In which area(s) are you willing to work?

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## REFERENCES

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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.

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**\*DO NOT LIST RELATIVES\***

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**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: \_\_\_\_\_

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**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

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**FOR FRONTIERS USE ONLY:**

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