



Date of Application  
\_\_\_\_\_

Date of Availability  
\_\_\_\_\_

**Jackson Preparatory School**  
Employment Application

**IMPORTANT:** The accuracy and completeness with which this form is prepared will be a factor in its consideration. Applications are sent to all who request them, regardless of existing vacancies. Return this application to **Jackson Preparatory School, Head of School**, P.O. Box 4940, Jackson, Mississippi 39296.

NAME OF APPLICANT \_\_\_\_\_  
(Mr. Mrs. Miss Dr.) (First Name) (Middle Name) (Last Name)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Spouse or Parent \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Telephone Number)

POSITION DESIRED: \_\_\_\_\_

**EDUCATION:**

Schools	School District	City and State	Number of Years Attended	Date of Graduation
Elementary				
Secondary				

Names and Addresses of Colleges Where Credits Have Been Earned	Degree Earned	Dates Attended

**EXPERIENCE OTHER THAN TEACHING – (List in chronological order, most recent first)**

Name of Employer	City and State	Type of Work	Reasons for Leaving This Position	Period of Service	
				From (Mo.-Yr.)	To (Mo.-Yr.)

Have you ever failed to be re-employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

State Reasons: \_\_\_\_\_

In the last two years, how many days have you lost from your work? \_\_\_\_\_

Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, attach full details.

Do you currently abuse alcohol or drugs? \_\_\_\_\_

Are you able to satisfactorily fulfill the requirements of this job with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS:** (Include Civic and Professional) Please indicate position(s) of leadership that you have held in any organization listed.

Organization	Address

**REFERENCES:** (Minimum of three REQUIRED). Include superintendents, principals, student teaching supervisor or other supervisors for whom you are working or have worked.

Name	Complete Address	Relation to Work

THIS PAGE TO BE COMPLETED BY TEACHER OR ADMINISTRATOR APPLICANTS ONLY:

**Receipt of an official transcript mailed directly from the registrar indicating completion of a Bachelor's degree from an accredited college is a prerequisite for employment in a teaching position. No candidate shall be considered who is not a graduate of an accredited four-year college and eligible to receive a teacher certificate.**

Student Teaching: (Subject Area) \_\_\_\_\_ Supervisor \_\_\_\_\_

School \_\_\_\_\_ School District and State \_\_\_\_\_

List types or titles, places, and dates of institutes, clinics, and workshops attended during past five years \_\_\_\_\_

TEACHING EXPERIENCE – (List in chronological order, most recent first)

Type of Position i.e. Teacher, Prin., Supt.	School District, City, State	Salary	Grade	Subjects	Period of Service From To (Mo. - Yr.) (Mo. - Yr.)

List type (A, AA) and endorsement area(s) of Mississippi Teaching Certificates that you hold or are qualified to hold: (Example: A Elementary, AA English)

\_\_\_\_\_ When does your certificate expire? \_\_\_\_\_

Have you taken the National Teacher Examinations? \_\_\_\_\_ When? \_\_\_\_\_ PRAXIS \_\_\_\_ When? \_\_\_\_\_ CMEE \_\_\_\_ When? \_\_\_\_\_

Which teaching area examination did you take? \_\_\_\_\_

Teaching Area Exam Score: \_\_\_\_\_ Common exam score: \_\_\_\_\_

DIVISION – Mark 1 for first choice, 2 for second choice.

Preschool \_\_\_\_\_ Grades 1- 4 \_\_\_\_\_ Grades 5 - 6 \_\_\_\_\_ Grades 7 - 8 \_\_\_\_\_ Grades 9 - 12 \_\_\_\_\_

**SUBJECT CHOICE:**

1. First choice \_\_\_\_\_

2. Second choice \_\_\_\_\_

3. Name other subjects that you are certified to teach: \_\_\_\_\_

4. List co-curricular activities that you are prepared to coach or direct: \_\_\_\_\_

