



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)

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

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

CELL PHONE: (_____) _____ EMAIL: _____

EDUCATION

Name of High School Attended/Attending	Grades Completed 9th 10th 11th 12th	Graduation Year: _____ GED? YES NO
CURRENT HIGH SCHOOL STUDENTS:		
• Please list the time you are dismissed from school on: A – Days: _____ B-days: _____		
• Please list any clubs, sports, choirs, and/or any extracurricular school activities you participate in: _____		
College Course of Study, if applicable	Years Completed 1 2 3 4 5+	Highest Degree: Associate's Bachelor's Master's Doctorate
List any other trainings, and/ or certifications you currently have: _____		

WORK AVAILABILITY

Date of Availability: ____ / ____ / ____ Desired Position: High School Assistant Instructor Sub

• General work hours are Monday through Friday from 1:30 p.m. to 6:00 p.m., operating on the school calendar. List your availability. Consider any conflicts due to school, sports, night classes, other jobs, etc.)

I have no conflicts. I am available Monday through Friday from 1:30 p.m. to 6:00 p.m.

I have the following conflicts: _____

• In which area(s) you are willing to work? Brandon Zone – 39042 Northwest Rankin Zone – 39047
 McLaurin Florence Richland Pisgah Pelahatchie Puckett Any available

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:

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:
