

JACKSON COUNTY SCHOOL DISTRICT
POST OFFICE BOX 5069
VANCLEAVE, MS 39565-5069

NON-CERTIFIED PERSONNEL APPLICATION

SCHOOL: _____ DATE: _____
(Validate one year from date filed)

POSITION APPLIED FOR: _____

NAME: _____ TELEPHONE NO.: (____) _____

ADDRESS: _____
Mailing City State Zip Code

SOCIAL SECURITY NUMBER: _____

HIGHEST GRADE COMPLETED: _____ WHAT SCHOOL? _____

YEARS OF COLLEGE WORK: _____ NAME OF COLLEGE OR UNIVERSITY: _____

WORK OR SCHOOL EXPERIENCE (begin with most recent):

| Company | Dates Employed | Type of Work |
|---------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Experience or Training which could qualify you for this work:

When can you begin work? _____

REFERENCES:

| | | |
|-------|---------|---------------|
| _____ | _____ | _____ |
| Name | Address | Telephone No. |
| _____ | _____ | _____ |
| Name | Address | Telephone No. |
| _____ | _____ | _____ |
| Name | Address | Telephone No. |

Jackson County School District does not discriminate on the basis of sex, race, color, age, religion, national origin or Handicapping conditions and is in compliance with the requirements of Title IX, Section 504 or Rehabilitation Act of 1973, and Educational Amendments of 1972. Employment is subject to background check and finger printing results, in accordance with state law.

Signature _____ Date _____

