

OKOLONA MUNICIPAL SEPARATE SCHOOL DISTRICT



Date: _____

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

POSITION FOR WHICH YOU ARE APPLYING:

Teacher ____ Counselor ____ Administrator ____
Coach ____ Librarian ____ Special Education ____
Do you hold a valid Mississippi Teaching Certificate? ____ Yes ____ No
If no, when will you obtain one? _____

Certification Information

Endorsements: _____ Validation Period: _____

ELEMENTARY SCHOOL

___ K-6

Type: ___A
___AA
___AAA
___AAAA

OKOLONA HIGH SCHOOL

(7-12)

___ English
___ Mathematics
___ Science
___ Social Studies
___ Other ___

PRAXIS EXAMS:

PRAXIS I Scores

PRAXIS II Scores:

The Okolona School District does not discriminate on the basis of sex, race, national origin, age, or handicap and is in compliance with Title IX Directives.

NOTE: Your application is valid only for the year in which you are applying. Applications for subsequent years will be made available upon request.
NOTE: The applicant should exercise the greatest care in preparing this application. Information given herein becomes a legal part of the contract in case of selection. Please do not omit any items.

EDUCATION

Name of School & location. Include high school, college & graduate work and summer sessions in order taken	Dates	Time Spent	Semester hrs. Credit	Degree Or Diploma	Major Subject And semester Hers. Credit	Minor Subject & semester hrs. credit

EXPERIENCE

Name of Business & Location	Dates	Number of years	Nature of Work

TOTAL NUMBER OF YEARS

REFERENCES

Include Superintendents and Principals under whom you have taught

Name	Occupation	Phone Number	Address

PERSONAL DATA

If you are not a high school graduate, have you received your GED ___ Yes ___ No

If yes, give date and state in which completed: _____

_____ Date State

List any experiences /skills other than formal education or work that you feel would qualify you:

List achievements / honors:

Additional information you wish to submit:

****Submit a copy of your certification and a certified copy of your transcripts with application****

Please complete and return with application to:

**OKOLONA MUNICIPAL SEPARATE SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT
P.O. BOX 510
OKOLONA, MS 38860**

**Indicate whether you have been arrested and/or charged with any crime: ___ Yes
___ No. If yes, list offense (s), provide an explanation and time lines (dates).**

Signature

Date

Failure to disclose any criminal offense (s) will be grounds for dismissal.

EMPLOYMENT POLICY IN REFERENCE TO SENATE BILL 2658

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 the Board of Trustees and will cooperate fully with in-service programs for improvement. I understand that this application will remain in the active files for a period of one year and will be classified as inactive unless the personnel office is notified in writing to keep the application current. I understand that pursuant to newly approved Senate Bill 2658, criminal records background on all new employees employed after July 1, 2000, shall pay a fee of \$40.00 to the employer to conduct the criminal records background check. If payment is not paid prior to employment, the \$40.00 fee will be deducted from the employee's first paycheck. New employees are subject to be terminated if he/she receive a disqualifying criminal records check.

Signature: _____ Date: _____

RECOMMENDATION FORMS FOR CERTIFIED APPLICANT

_____ is applying for a position of _____
 In the Okolona Municipal Separate School District. We will appreciate your personal evaluation of the applicant's ability to perform in this position. Please return this form at your earliest convenience.

RECOMMENDATION RELEASE AUTHORIZATION

To Whom It May Concern:

I, the undersigned, request that the information solicited on the applicant recommendation form be released to the Okolona Municipal Separate School District. I understand and agree that this information will be treated as confidential by the Okolona School District and will not be available to anyone other than authorized personnel employed by the school system.

Applicant's Signature: _____ Date: _____

AREA	1	2	3	4	5
Reliability					
Punctuality					
Cooperation & Helpfulness					
Use of Sound Judgment					
Discipline in Classroom/Classroom Management					
Attention to Individual Needs of Pupils					
Competency in Academic Field					
Adaptability to New Ideas					
Initiative/Self Reliance					
Ability to Work With Others					
Instructional Delivery					
Self Control and Poise					
Use of English: Oral					
Use of English: Written					
Accuracy of Reports					

- 1=Especially Strong**
- 2=Satisfactory**
- 3=Needs Improvement**
- 4=Unacceptable**
- 5=Cannot Judge**

In what capacity have you known this applicant?

What are the applicant's chief strengths and limitations?

Have you seen the applicant teach? () Yes () No

If you were responsible for employing a person for the position the applicant is seeking would you give this applicant favorable consideration? () Yes () No

Remarks:

Date: _____

Signature: _____

Title: _____