



**OKOLONA MUNICIPAL SEPARATE SCHOOL DISTRICT**

105 North Church St.

P.O. Box 510

Okolona, MS 38860

Phone: (662) 447-2353

Fax: (662) 447-9955

**Non-Certified Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (662) \_\_\_\_\_ Cell Phone: (662) \_\_\_\_\_

**POSITION FOR WHICH YOU ARE APPLYING**

\_\_\_ Assistant Teacher      \_\_\_ Clerical      \_\_\_ Maintenance

\_\_\_ Substitute Teacher      \_\_\_ Custodial      \_\_\_ Cafeteria

\_\_\_ Bus Driver

Have you been employed with Okolona School District in the past? \_\_\_ Yes \_\_\_ No

If yes, when and in what capacity? \_\_\_\_\_

Are you currently drawing from PERS (Public Employees Retirement System) \_\_\_ Yes

\_\_\_ No

Do you have any physical problems that would interfere with your work or driving abilities? \_\_\_ Yes \_\_\_ No

If yes, please indicate: \_\_\_ Heart disease      \_\_\_ High blood pressure      \_\_\_ Epilepsy

\_\_\_ Nervous disorders      \_\_\_ Hearing loss      \_\_\_ loss of sight

\_\_\_ Other: \_\_\_\_\_

Have you had a physical examination in the past year? \_\_\_ Yes      \_\_\_ No

Do you prefer working with elementary or secondary students? \_\_\_\_\_

**Availability**

Monday	Tuesday	Wednesday	Thursday	Friday
From to	From to	From to	From to	From to

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.

Revised 6/2/08

BLS

**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

**REFERENCES**

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:

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List achievements / honors:

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Additional information you wish to submit:

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**In order to be considered for a position, you must present proof, (a transcript or other documentation), that you graduated from high school or have received the Graduate Equivalency Diploma (GED). This proof must be on file in the Central Office before your application can be processed further. Delay in providing the proof of completion will jeopardize your chances of being considered.**

**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).

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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: \_\_\_\_\_