



Application for Certified/Teaching Personnel Information & Requirements

- **Mississippi Teaching License** – A valid Mississippi Teaching License, indicating certified areas of endorsement at the elementary or secondary grade level, should accompany your application and can be obtained at elms.mde.k12.ms.us or by calling 601-359-3483.
- **Acceptance of Application** – If personally delivering your application to the district office, the following items **MUST** be present before the application will be accepted by district personnel: **(1)** Completed application form, **(2)** Copy of Valid Driver's License **(3)** Copy of Social Security Card, **(4)** Mississippi Certificate / License and **(5)** Resume.
- **Verification of Previous Employment** – Written verification of previous employment is required. It is the responsibility of the applicant to secure this information. A verification form is on the website. **It is the responsibility of the applicant to make sure that Part I of the verification form is complete before submitting the form to the previous employer.** Verifications may be returned to the district office via hand delivery, mail, fax or email.
- **References** – Three (3) references are required. The reference forms should be given to your superintendents, principals or others whom you have worked for or those who have first-hand knowledge of your character, personality and working ability. **The applicant must complete Part I of the reference form before submitting it to three (3) references. Reference forms should be completed by individual references listed on your application.** References may be returned to the district office via hand delivery, mail, fax or email. References will be considered confidential information. If you have just completed college work, list college professors or others in your major and minor fields who know you best. Please include your university supervisor or cooperating teacher(s) with whom you did student teaching.
- **Interviews** – Principals of the school where the vacancies occur will be responsible for interviewing applicants.
- **Transcripts** – Transcripts of all college credit must be furnished to the George County School District before your file is complete. Transcripts must indicate that you have the minimum of a bachelor's degree from an accredited college or university.
- **Status of Applications** – Completed Applications will remain in the active file for a period of one (1) year and then will be kept in an inactive file for one (1) year. It is the applicant's responsibility to contact Human Resources after one year to request his/her file remain active. After two years total, the application will be destroyed.
- **Acceptance of other Positions** – If you accept a position in another school system or with another company, please notify the George County School District Human Resources Department at 601-947-6993.
- **Incomplete Applications** – Incomplete applications will not be made available for Administrators/Directors to view and applicants will not be considered for hire until applications are completed. **Incomplete applications will be destroyed after 60 days.**
- **Direct Deposit** – Upon hire, payment for services is paid monthly and only through Direct Deposit. Copy of a voided check or written documentation/proof of account on letterhead from your bank will be required.
- **Nursing Applicants** - Please attach a copy of your Mississippi Nursing License.
- **Fingerprinting** – Upon hire, you must be cleared by and have in file in this office a criminal record background check and a current child abuse registry check. This process includes fingerprinting and FBI national criminal history check. This will be completed at Central Services. The cost is \$36.00 and will be deducted from your first check.
- **Complete Application** – A complete application will consist of:
 1. ___ Completed Application form
 2. ___ Copy of Valid Driver's License
 3. ___ Copy of Social Security Card
 4. ___ Mississippi Certificate/License
 5. ___ Resume
 6. ___ Three letters of reference
 7. ___ Verification of Employment
 8. ___ Official Transcripts
 9. ___ Praxis Scores
 10. ___ MDHS-Child Abuse/Neglect Central Registry Check

Applicants will *not* be recommended for hire until Fingerprints and Child Abuse Registry Check are Completed.



George County Schools

George County School District
5152 Main Street
Lucedale, MS 39452
601-947-6993 Phone 601-766-7430 Fax

Employment Application for Certified Instructional/Administrative Personnel

Check all positions for which you are making application

Teacher Counselor Administrator Other _____

Name (as it appears on Social Security Card): _____

Social Security Number: _____ Phone #: _____ Cell #: _____

Present Address: _____
Street City State Zip

E-mail Address: _____

High School Attended: _____ Date of Graduation: _____

Professional Qualifications

Years of Teaching Experience: _____ Prior Experience (**Begin with most recent employer**):

Name of Employer	Dates employed	Address	Position held
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

References – Three required (Give 3 Reference Forms to those listed below):

Name	Address	Phone	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Mississippi Teaching Certificate Endorsements

Check all Appropriate

Class	Type
<input type="checkbox"/> AAAA	<input type="checkbox"/> Administrator
<input type="checkbox"/> AAA	<input type="checkbox"/> Secondary Teacher
<input type="checkbox"/> AA	<input type="checkbox"/> Elementary Teacher
<input type="checkbox"/> A	<input type="checkbox"/> Special Education Teacher
	<input type="checkbox"/> Special Subject Teacher

National Teacher's Exam

PRAXIS I Dates Taken
-Reading _____
-Writing _____
-Math _____

PRAXIS II Dates Taken
- Principles of Learning: _____

Expiration Date of MS Licensure _____

Are you National Board Certified? _____ If so, provide copy of certificate and valid dates. _____

Are you a MS PERS retiree? _____ Are you receiving retiree benefits from another state? _____

Instruction Levels

Elementary (K – 5) _____
Middle School (6-8) _____
High School (9-12) _____

Subject Area Endorsement

Major Area(s) of Certification _____
Minor Area(s) of Certification _____

Special Education (Check all areas in which you are certified)

Ed Handicapped EMD Speech/Lang Visually Impaired
 SLD Hearing Impaired Physically Handicapped EMR
 Psychometrist Gifted Homebound Other _____

Professional Data

YES NO

- ____ 1. Are you a citizen of the United States of America?
- ____ 2. Have you been employed previously by the George County School District?
- ____ 3. Have you ever been convicted of a felony?
- ____ 4. Have you ever been dismissed/non-renewed from employment by a school district?
- ____ 5. Have you ever been given the opportunity to resign or resigned under duress or told you were going to be dismissed if you didn't resign?
- ____ 6. Have you ever had a professional certificate/license revoked?
- ____ 7. Are you currently under contract with a school district?

Comments/Elaboration on any of the above:

Philosophy of Education

In your own handwriting, please tell your philosophy of education:

IMPORTANT: Please read carefully

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. No candidate will be considered who is not a graduate of an approved four-year college. Applications for employment are received and maintained in the Office of the Superintendent of George County Schools for two years. When vacancies are to be filled, principals examine all applications, request interviews and make recommendations for employment to the Superintendent of George County Schools.

By signing this application, you understand that if selected for employment, you must be cleared by and have in file in this office a criminal record background check and a current child abuse registry check. This process includes fingerprinting and FBI national criminal history check. This will be completed at Central Services upon hire.

Date of Application _____

Signature of Applicant _____

The George County School District is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, marital status or handicap.



**George County School District
REFERENCE FORM**

Part I. Applicant Information- This section should be completed by the applicant before submitting it to his/her reference.

Applicant's Name: _____

Date: _____

Applicant's Phone Number: _____

Dear _____

I am submitting an employment application to the George County school District and I have listed your name as a reference. I will appreciate your assistance in completing this form and returning it directly to the school district via mail, email or fax. It is my understanding that all information herein will be kept confidential.

Signature of Applicant

Position for which I am applying

Part II. The person completing Part II of this form should return the completed form via mail, email or fax.

George County School District Human Resources Department
5152 Main Street
Lucedale, MS 39452

Email: GCSDHumanResources20@gmail.com **or Fax:** 601-766-7510

Please indicate by a check in the appropriate column the rating which best describes the applicants qualifications.

PERSONAL/PROFESSIONAL QUALIFICATIONS	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN
Appearance					
Personality					
Responsibility/Dependability					
Cooperation/Loyalty					
Professional Attitude					
Classroom Control					
Skill in Teaching					
Interest in Children/Teaching					
Professional Growth/Improvement					
Accepts Change					
Probable Success in Position					

This evaluation includes the approximate time period from _____ to _____.

In what capacity have you known this applicant? _____

Would you offer this applicant employment or re-employment? Yes or No

Comments: _____

Signature of Reference

Title

Telephone

School/Company

Email Address



**George County School District
REFERENCE FORM**

Part I. Applicant Information- This section should be completed by the applicant before submitting it to his/her reference.

Applicant's Name: _____

Date: _____

Applicant's Phone Number: _____

Dear _____

I am submitting an employment application to the George County school District and I have listed your name as a reference. I will appreciate your assistance in completing this form and returning it directly to the school district via mail, email or fax. It is my understanding that all information herein will be kept confidential.

Signature of Applicant

Position for which I am applying

Part II. The person completing Part II of this form should return the completed form via mail, email or fax.

George County School District Human Resources Department
5152 Main Street
Lucedale, MS 39452

Email: GCSDHumanResources20@gmail.com **or Fax:** 601-766-7510

Please indicate by a check in the appropriate column the rating which best describes the applicants qualifications.

PERSONAL/PROFESSIONAL QUALIFICATIONS	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN
Appearance					
Personality					
Responsibility/Dependability					
Cooperation/Loyalty					
Professional Attitude					
Classroom Control					
Skill in Teaching					
Interest in Children/Teaching					
Professional Growth/Improvement					
Accepts Change					
Probable Success in Position					

This evaluation includes the approximate time period from _____ to _____.

In what capacity have you known this applicant? _____

Would you offer this applicant employment or re-employment? Yes or No

Comments: _____

Signature of Reference

Title

Telephone

School/Company

Email Address



**George County School District
REFERENCE FORM**

Part I. Applicant Information- This section should be completed by the applicant before submitting it to his/her reference.

Applicant's Name: _____

Date: _____

Applicant's Phone Number: _____

Dear _____

I am submitting an employment application to the George County school District and I have listed your name as a reference. I will appreciate your assistance in completing this form and returning it directly to the school district via mail, email or fax. It is my understanding that all information herein will be kept confidential.

Signature of Applicant

Position for which I am applying

Part II. The person completing Part II of this form should return the completed form via mail, email or fax.

George County School District Human Resources Department
5152 Main Street
Lucedale, MS 39452

Email: GCSDHumanResources20@gmail.com **or Fax:** 601-766-7510

Please indicate by a check in the appropriate column the rating which best describes the applicants qualifications.

PERSONAL/PROFESSIONAL QUALIFICATIONS	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN
Appearance					
Personality					
Responsibility/Dependability					
Cooperation/Loyalty					
Professional Attitude					
Classroom Control					
Skill in Teaching					
Interest in Children/Teaching					
Professional Growth/Improvement					
Accepts Change					
Probable Success in Position					

This evaluation includes the approximate time period from _____ to _____.

In what capacity have you known this applicant? _____

Would you offer this applicant employment or re-employment? Yes or No

Comments: _____

Signature of Reference

Title

Telephone

School/Company

Email Address



VERIFICATION OF EMPLOYMENT

(Inside a School District)

Part I. Applicant Information- This section should be completed by the applicant before submitting it to his/her previous employer.

The full name you used when employed for the school system providing this verification:

Job Position / Title at the school district : _____

Applicant's Social Security Number: _____

Applicant's Address: _____

Applicant's Current Telephone: _____

Current Job Position for which I am applying at the district: _____

Part II. Employer Verification- This section should be completed by the Office of the Superintendent. The individual above is applying for a position with the George County School District. The personnel office from your school district is asked to verify the previous or current employment of this applicant.

Printed Name of Person Providing Verification: _____

Job / Position Title: _____

Applicant's Employment Dates with your school district: Start Date _____ End Date _____

School Session	Length of School Term in Days	Total Number of Days Employed

Have any disciplinary actions been taken against this applicant by an immediate supervisor or higher authorities during their employment with your school system? _____ Yes _____ No

Comments:

Signature of Person Providing Verification: _____

Name of School District: _____

Address of School District: _____

School District's Telephone Number: _____

Date: _____

Thank you for completing this form. Please return this form via mail, email or fax.

George County School District Human Resources Dept.

5152 Main Street

Lucedale, MS 39452

Email: GCSDHumanResources20@gmail.com

or

Fax: 601-766-7510



Verification of Employment
(Employment Experience Outside the Field of Education)

Part I. Applicant Information- This section should be completed by the applicant before submitting it to his/her previous employer.

The full name you used when employed for the school system providing this verification:

Job Position / Title at the school district : _____

Applicant's Social Security Number: _____

Applicant's Address: _____

Applicant's Current Telephone: _____

Current Job Position for which I am applying in the district: _____

Part II. Employer Verification- Part II should be completed by the employer. The individual above is applying for a position with our school district. A supervisor or the personnel office is asked to verify the previous or current employment of this applicant.

Printed Name of Person Providing Verification: _____

Job / Position Title: _____

Applicant's Employment Dates for Your Company: Start Date _____ End Date _____

Have any disciplinary actions been taken against this applicant by an immediate supervisor or higher authorities during their employment with your company? _____ Yes _____ No

Comments:

Signature of Person Providing Verification: _____

Name of Company: _____

Address of Company: _____

Company's Telephone Number: _____

Date: _____

Thank you for completing this form. Please return this form via mail, email or fax.

George County School District Human Resources Dept.

5152 Main Street

Lucedale, MS 39452

Email: GCSDHumanResources20@gmail.com or **Fax:** 601-766-7510



George County School District
5152 Main Street
Lucedale, Mississippi 39452
Telephone: 601-947-6993
Background Check Acknowledgement Form

All employment with the George County School District is **contingent** upon a satisfactory background check that includes fingerprinting and a current child abuse registry check.

If such fingerprinting or criminal history records check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in MS Code Section 45-33-23(g), child abuse, arson, grand larceny burglary, gratification of lust or aggravated assault which has not been reversed on appeal or for which a pardon has not been granted, the applicant shall **not** be eligible for employment.

Any school and/or department under the purview of the Mississippi Department of Education may employ any individual prior to receiving criminal records background checks information; however, if George County School District does receive any disqualifying information from the background check, it may be grounds for immediate dismissal.

I have read and understood the provisions of employment stated above, and I accept that a job offer is “conditional” until I receive a satisfactory background check.

Applicant Printed Name: _____

Applicant's Signature: _____

Date: _____

If you have any questions, please contact Phyllis McDonald, Human Resource Director, at 601-947-6993 Ext. 2025 or by email at phyllis.mcdonald@gcsd.us.