

Baldwyn School District

107 West Main
Baldwyn, Mississippi 38824

Non-Licensed Employment Application

Date of Application ____/____/____

Name of Applicant _____/_____/_____
(First Name) (Middle Name) (Last Name)

Address _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____ Daytime Phone Number (_____) _____

Email Address _____ Social Security Number ____/____/____

Position Desired: Teacher Assistant Clerical Nurse Library Assistant Cafeteria Janitorial Maintenance Substitute
Other _____

If selected for this position, which school(s) would you prefer? _____

Educational Information

High School, College/Vocational School (Name & Location)	Dates Attended		Degree/Diploma/GED	Date Graduated
	From	To		

Employment Information

Are you currently employed? Yes No If yes, where _____

May we inquire of your present employer? Yes No

Previous Application on File: Yes No Have you ever been employed by this school district? Yes No

If yes, give name of school _____ Date of employment: From _____ To _____

Are you related to anyone now working for Baldwyn School District? Yes No

If yes, give name of relative, relationship and name of school _____
(Name of relative)

(Relationship)

(Name of School)

Employment History (List chronologically)

1	Company Name:		Telephone # ()	
	Address:		Date of Employment:	
			From :	To:
	Name of Supervisor:		Reason for leaving:	
List job title and briefly describe work responsibilities:				
2	Company Name:		Telephone # ()	
	Address:		Date of Employment:	
			From:	To:
	Name of Supervisor:		Reason for Leaving	
List job title and briefly describe work responsibilities:				
3	Company Name:		Telephone # ()	
	Address:		Date of Employment:	
			From:	To:
	Name of Supervisor:		Reason for Leaving	
List job title and briefly describe work responsibilities:				
4	Company Name:		Telephone # ()	
	Address:		Date of Employment:	
			From:	To:
	Name of Supervisor:		Reason for Leaving	
List job title and briefly describe work responsibilities:				

References

Below give the names of (3) persons not related to you whom you have known at least (1) year.

	Name and Title of Reference	Business/Organization	Address	Phone Number	Years Known
1					
2					
3					

Do you have any physical or medical limitations that would prohibit you from lifting 50 pound items? Yes No

Have you ever failed to be re-employed? Yes No If yes, where? _____

State reason: _____

Have you ever been convicted of a felony or a misdemeanor? Yes No

If yes, give full details

List any experience(s) you have had that will help you contribute to this position.

I understand that Baldwin School District reserves the right to verify all information on this application and that any false statement(s) or failure to disclose information may be sufficient to disqualify me from employment.

Applicant's Signature _____ Date ____/____/____

APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR FROM DATE RECEIVED. The Baldwin School District adheres to the principle of equal educational and employment opportunity without regard to race, sex, age, color, creed or national origin. This policy includes the qualified handicapped and pertains to all programs and activities supported by the Baldwin School District.

FOR OFFICE USE ONLY: _____
