

# Baldwyn Schools District

107 West Main  
Baldwyn, Mississippi 38824

## 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 (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Position Desired:     Teacher     Administrative/Supervisory  
 Other \_\_\_\_\_

Endorsement Information			
Do you have a MS License ? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list License # _____    Expiration Date ____/____/____			
CLASS	Endorsements ( List by Number)	Check Grade Level Desired	Subject Preferred (if 6-12)
<input type="checkbox"/> AAAA	_____	__Pre-K __K __1 __2 __3	1 <sup>st</sup> Choice _____
<input type="checkbox"/> AAA	_____	__4 __5 __6 __7 __8 __9	2 <sup>nd</sup> Choice _____
<input type="checkbox"/> AA	_____	__10-12 __SPED	3 <sup>rd</sup> Choice _____
<input type="checkbox"/> A	_____		
Are you National Board Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Mark the appropriate box if applicable:     Previous Application on File     Former DCS Employee

Are you currently under contract?  Yes  No    If yes, where \_\_\_\_\_

When could you begin work: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name of School)

## Educational Information (Additional information may be attached if necessary)

List School and Location <small>(List chronologically)</small>	Dates Attended		Type of Degree	Major
	From	To		

## Experience ( If no teaching experience, list student teaching )

1	Name of School:		Telephone# ( )
	Address:		Date of Employment
			From: To:
	Name of Supervisor:		Reason for Leaving:
Describe Briefly Position			
2	Name of School:		Telephone# ( )
	Address:		Date of Employment
			From: To:
	Name of Supervisor:		Reason for Leaving:
Position			
3	Name of School:		Telephone# ( )
	Address:		Date of Employment
			From: To:
	Name of Supervisor:		Reason for Leaving:
Position			
4	Name of School:		Telephone# ( )
	Address:		Date of Employment
			From: To:
	Name of Supervisor:		Reason for Leaving:
Position			

**Total years of teaching experience:** \_\_\_\_\_

**References** (Minimum of (4) Required)

Include superintendent, principals, or supervisors with whom you are working, or have worked. Persons who directed your professional preparation (including student teaching supervisor) should also be listed if have no teaching experience.

Name & Title of Reference	School/Organization	Address	Phone Number	Years Known
1				
2				
3				
4				

**Activities** (List any activities that you are capable of coaching, directing or sponsoring)

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

State reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony, a misdemeanor or any offense involving moral turpitude?  Yes  No

If yes, attach full details  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In your own handwriting, please provide a brief biographical sketch. Include in this biography your reason for entering the teaching profession.

\_\_\_\_\_  
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