

# 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.

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**FOR OFFICE USE ONLY:** \_\_\_\_\_

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