

ALCORN SCHOOL DISTRICT
31 CR 401
Corinth, Mississippi 38834
Phone: 662-286-5591 / Fax: 662-286-7766
Web-site: www.alcorn.k12.ms.us

APPLICATION INFORMATION FOR PROSPECTIVE TEACHING PERSONNEL

THE FOLLOWING ITEMS MUST BE ON FILE IN THE CENTRAL OFFICE PRIOR TO THE INTERVIEW:

1. APPLICATION - This must be completed and signed. (Additional postage may be required.)
2. PRAXIS - Before a teacher license can be issued by the State Department of Education, all prospective teaching applicants applying for a Mississippi teaching license for the first time must take the PRAXIS I and II examination. Scores on the PRAXIS examination must be reported directly to the Office of teacher Certification, State Department of Education, P. O. Box 771, Jackson, Mississippi 39205 or by calling (601) 359-3483.
3. MISSISSIPPI TEACHING LICENSE - A valid Mississippi Teacher License, indicating certified areas of endorsement at the elementary or secondary grade level, should accompany your application. If a copy is not available at the time your application is returned, please secure one as soon as possible and send it to the Alcorn School District. Teacher license information may be obtained by writing the Office of Teacher Licensure, State Department of Education, P.O. Box 771, Jackson, Mississippi 39205 or calling (601) 359-3483.
4. RECOMMENDATIONS - The application requires six (6) references. At least one reference must be from your current principal.
5. TRANSCRIPTS - ASD does not require official transcripts to be on file; however, copies of transcripts will be accepted.
6. APPLICATION AND INTERVIEW PROCESS –
 - a. Your application needs to be sent or presented to the principal at each school in which you are interested in applying with.
 - b. Upon review of your application, the individual school administrator may arrange a formal interview with you. It would be helpful to carry a copy of the application with you when interviewing with the school principal.
 - c. A second interview at the Central Office may be arranged at the request of the principal.

Thank you for your interest in the Alcorn School District. Your application will remain in the active file for a period of one (1) year and then will be classified as inactive for one (1) year before being discarded unless the applicant notifies the personnel office in writing to keep the application current.

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EDUCATIONAL PREPARATION

Elementary and Secondary Education (To be completed by every applicant)

Schools	School District	City and State	No. Years Attended	Date of Graduation
Elementary				
High				

College and Professional Education (To be completed by every applicant)

Names and Addresses of Colleges in Which Credits Have Been Earned	Dates Attended	Degree Earned

What is your college grade-point average? _____

Student Teaching: (Grade Level and/or Subject Area) _____
 School / School District / State _____ / _____ / _____

List types or titles, places, and dates of institutions, clinics, and workshops attended during the past five years _____

TEACHING EXPERIENCE (List in chronological order the actual starting and ending dates of service)

Type of Position i.e., Teacher, Principal, Etc.	School District, City, State	Grade	Subjects Taught	Period of Service From To (Mo-Yr) (Mo-Yr)	Reason for Leaving This Position

Total number of years experience in an accredited school _____

List co-curricular activities that you are prepared to coach or direct: _____

Have you ever been issued a non-renewal notice of employment? **Yes ___ No ___**

If yes, please explain: _____

Have you ever been terminated from school related employment? **Yes ___ No ___**

If yes, please explain: _____

Have you ever been charged with or convicted of a criminal offense, either a misdemeanor or felony? **Yes ___ No ___**

If yes, please explain in detail the nature of the offense, the date you were arrested or charged, the outcome and your version of the facts associated with each offense or crime that you were either arrested for or convicted of:

Have you ever been charged with or arrested or convicted of a criminal sexual offense? **Yes ___ No ___**

If yes, please explain: _____

Have you ever been charged with or arrested or convicted of a D.U.I. (driving under the influence) or any other crime related to drugs or alcohol? **Yes ___ No ___**

If yes, please explain in detail the nature of the offense, date arrested or charged, the outcome (conviction, acquittal or dismissal) and your version of the facts associated with each arrest charge or conviction:

EXPERIENCE OTHER THAN TEACHING (List in chronological order)

Name of Employer	City and State	Type of Work	Period of Service		Reason for Leaving This Position
			From (Mo-Yr)	To (Mo-Yr)	

Have you ever failed to be re-employed? **Yes ___ No ___**

If yes, please explain _____

List the names, positions, and addresses of six (6) individuals as your references. Include superintendents, principals, and supervisors under whom you have worked in addition to college professors and supervisory teachers. Please do not list relatives as references.

NAME	OFFICIAL POSITION	ADDRESS (STREET, CITY, STATE, & ZIP)	PHONE NUMBER

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 Education and will cooperate fully with in-service programs for professional improvement. I understand that this application can remain in the active file for a period of one year and then will be classified as inactive and discarded unless I notify the personnel office in writing to keep the application current.

I give my permission for the Alcorn School District to conduct a background screening check with any law enforcement agency, the Child Abuse Central Registry, previous employers, and any other persons, corporation, or public agencies or entities to determine my suitability in working with children and my past employment history. I understand that this permission is a part of my application for a position with the Alcorn School District. I understand that should any felony or misdemeanor charges or convictions appear on my record which I have not previously disclosed in writing to the Alcorn School District, then said school shall have the right to deny me employment and I do hereby agree to immediately resign from my position of employment and accept immediate termination, without a hearing, the same being hereby waived. I do further agree and direct that said agencies, previous employers or companies may release to the Alcorn School District any and all personnel files or factual information or written documentation concerning any criminal charge or conviction or facts related thereto as may be on file with such agency.

Date: _____ Signature: _____

FOR ALCORN SCHOOL DISTRICT USE ONLY
