



# Newton Municipal School District

Post Office Box 150  
Newton, Mississippi 39345  
Telephone: (601) 683-2451  
<http://www.nmsd.k12.ms.us>

## EMPLOYMENT APPLICATION FOR CERTIFIED STAFF

Teacher       Counselor       Administrator       Other \_\_\_\_\_

NAME \_\_\_\_\_ \*RACE \_\_\_\_\_ \*SEX \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NO. \_\_\_\_\_ \* NATIONAL ORIGIN \_\_\_\_\_ \* DOB \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
STREET CITY STATE ZIP CODE

E-MAIL ADDRESS \_\_\_\_\_

Are you National Board Certified?     YES     NO

**DEGREE:**     Bachelor's     Master's     Specialist     Doctorate

### MISSISSIPPI TEACHING LICENSE ENDORSEMENTS (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Administrator     | <input type="checkbox"/> Elementary Teacher        |
| <input type="checkbox"/> Supervisor        | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Secondary Teacher | <input type="checkbox"/> Special Subject Teacher   |

### PRAXIS EXAM (NTE)

DATE TAKEN \_\_\_\_\_

PASSING SCORE \_\_\_\_\_

SCORE ON AREA EXAM \_\_\_\_\_

### SUBJECT AREA ENDORSEMENT

MAJOR \_\_\_\_\_

MINOR \_\_\_\_\_

\*AS REQUIRED BY TITLE IX OF THE EDUCATION AMENDMENTS OF 1972 AND SECTION 504 OF THE REHABILITATION ACT OF 1973, THE NEWTON MUNICIPAL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION, AGE, HANDICAP, NATIONAL ORIGIN, OR VETERAN STATUS.

INSTRUCTION LEVELS (mark "1" for first choice, "2" for second choice)

K  1  2  3  4  5  6  7-9  10-12

SPECIAL EDUCATION (check all areas in which you are certified)

- |   |                                 |  |
|---|---------------------------------|--|
| <input type="checkbox"/> ED. HANDICAPPED        | <input type="checkbox"/> LD     | <input type="checkbox"/> SPEECH/LANG CLINICIAN |
| <input type="checkbox"/> PHYSICALLY HANDICAPPED | <input type="checkbox"/> EMR    | <input type="checkbox"/> AUDIOLOGIST           |
| <input type="checkbox"/> HEARING IMPAIRED       | <input type="checkbox"/> EMH    | <input type="checkbox"/> PSYCHOMETRIST         |
| <input type="checkbox"/> VISUALLY IMPAIRED      | <input type="checkbox"/> GIFTED | <input type="checkbox"/> OTHER _____           |

**EDUCATIONAL AND PROFESSIONAL TRAINING**

NAME OF SCHOOL	LOCATION	DEGREE RECEIVED	MAJOR	MINOR	DATES ATTENDED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FROM _____ TO _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FROM _____ TO _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FROM _____ TO _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FROM _____ TO _____

UNDERGRADUATE GRADUATE

**SCHOLASTIC AVERAGE IN COLLEGE WORK**

**PRACTICE TEACHING**

(for applicants with less than 3 years of teaching experience)

NAME OF SCHOOL	CITY/STATE	DATES PRESENT	SUBJECT(S) TAUGHT	GRADE	SUPERVISING TEACHER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**TEACHING EXPERIENCE**

(Begin with most recent.)

NAME & COMPLETE ADDRESS OF SCHOOL	DATES OF SERVICE	NUMBER OF MONTHS	NATURE OF WORK (Grades, Subjects)	REASON FOR LEAVING
<input type="text"/>	From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	To <input type="text"/>			
<input type="text"/>	From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	To <input type="text"/>			
<input type="text"/>	From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	To <input type="text"/>			

**Other Work Experience**

(Begin with most recent.)

Employer	City/State	DATES OF SERVICE	TYPE OF WORK	REASON FOR LEAVING
		From <input type="text"/> To <input type="text"/>		
		From <input type="text"/> To <input type="text"/>		
		From <input type="text"/> To <input type="text"/>		

**References**

List the names of the six (6) individuals to whom you are giving the enclosed reference forms. Please do not list relatives as references. Include individuals who have knowledge of your work experience, job competency, and personal characteristics.

Name	Official Position	Address	PHONE

\*Data being collected for statistical purposes to monitor programs.

Have you previously been employed by Newton Public Schools?  YES  NO

If yes, give approximate dates. From  To

Are you presently under contract to any school system?  YES  NO

If yes, give the name of the school system and your contract ending date. \_\_\_\_\_

Are your work records listed under another name?  YES  NO If so, give name. \_\_\_\_\_

Do you have relatives working for the Newton Public Schools?  YES  NO If yes, give name(s) and relationships. \_\_\_\_\_

Are you a citizen of the United States?  YES  NO

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List any memberships or participation in organizations you choose to include in your personnel file.  
(Attach additional page if necessary.)

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List college activities and honors before and after graduation. (Attach additional page if necessary.)

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List co-curricular activities in which you are qualified and prepared to direct.

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Give the approximate number of days you missed work during the last twelve months.

Have you ever been asked to resign, been discharged, or failed to be re-employed for a teaching or administrative position?  YES  NO If yes, give details.

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Have you been convicted of any criminal offense?  YES  NO If yes, explain.

Indicate two competencies that qualify you for the position for which you are applying:

Indicate here why you think your candidacy should receive favorable consideration.

Describe what you will contribute to the educational program of Newton Public Schools.

**Read the following statements carefully before signing.**

I certify that the information entered on this application is true and correct, and I am aware that any deliberate falsification of material fact on the above may be grounds for termination of services.

I do hereby certify that I have never been convicted of a felony or any crime of moral turpitude, including misdemeanors.

I voluntarily give the Newton Municipal School District the right to investigate my past employment and background and all statements contained in this application.

Senate Bill 2658, signed into law by the Governor on May 22, 2000, requires Criminal Records Background Checks and Child Abuse Registry Checks for all new public school licensed and non-licensed employees. It is required by all employees to pay the \$29.00 processing fee.

Completion of this application does not constitute a contract of employment.

Date \_\_\_\_\_

Signature \_\_\_\_\_