

**NORTH BOLIVAR CONSOLIDATED
SCHOOL DISTRICT**
204 North Edwards Street
Mound Bayou, MS 38762
Phone: 662-339-3781 Fax: 662-741-2726
www.nbcasd.k12.ms.us



**APPLICATION FOR EMPLOYMENT
CERTIFIED STAFF**

Please type or print legibly.

Date of Application _____

Position Desired (circle all that apply)

Teacher	Special Ed.	Coach	Counselor	Administrator	Other _____ (please specify)
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Name of Applicant

(First) (Middle) (Last)

Present Address

(Street) (City) (State) (Zip)

Permanent Address

(Street) (City) (State) (Zip)

Phone Numbers

(Home) (Cell) (Email)

Mississippi Certificate Information

Class (circle all that apply)	A	AA	AAA	AAAA
Endorsements (List all endorsements and expiration dates)				

Degree (circle all that apply)	BS	BA	Master's	Vocational	Specialist	Doctorate
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PRAXIS		National Teacher's Exam (NTE)	
	Pre-Professional Skills		General Knowledge Score
	Principles of Learning and Teaching		Professional Knowledge Score
	Specialty Area (specify)		Communications Skills
	Specialty Area (specify)		Subject Area Score

**North Bolivar Consolidated School District does not discriminate on the basis of race, color,
National origin, sex, disability, religion or age.**

EDUCATION							
School	Name of School/Address	Dates Attended Month/Year	Degree Received	Major	Hrs. in Major	Minor	Hrs. in Minor
Secondary	_____	From: _____ To: _____					
Under-Graduate	_____	From: _____ To: _____					
Graduate	_____	From: _____ To: _____					
Post-Graduate	_____	From: _____ To: _____					

PRIOR TEACHING EXPERIENCE				
Name & Complete Address of School System	Period of Service Exact Month/Year	Number of Months	Position	Reason for Leaving
_____ _____ _____	From: _____ To: _____			
_____ _____ _____	From: _____ To: _____			
_____ _____ _____	From: _____ To: _____			
_____ _____ _____	From: _____ To: _____			
_____ _____ _____	From: _____ To: _____			

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PRIOR WORK EXPERIENCE				
Name & Complete Address Of Employer	Period of Service Exact Month/Year	Name of Supervisor	Position	Reason for Leaving
_____ _____ _____	From: _____ To: _____			
_____ _____ _____	From: _____ To: _____			
_____ _____ _____	From: _____ To: _____			
_____ _____ _____	From: _____ To: _____			
_____ _____ _____	From: _____ To: _____			

Have you previously been employed by North Bolivar Consolidated Schools? (Yes)_____ (No)_____

Are you presently under contract with any school district? (Yes)_____ (No)_____

If yes, do you have a release from your present employer to discuss a Position with North Bolivar Consolidated Schools? (Yes)_____ (No)_____

School District _____ Until _____

When are you available to begin work? _____

Are you a citizen of the United States? (Yes)_____ (No)_____

[illegible]

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READ THE FOLLOWING STATEMENT CAREFULLY

By my signature, I attest that the information set forth in this application is true and represents me accurately, and if employed, falsified statements on this application shall be considered sufficient cause for dismissal. If employed, I agree to abide by all the policies approved by the Board of Trustees and will cooperate fully with in-service programs for professional improvement. I understand that this application will remain on file in an active status for a period of one year only unless I notify the personnel office in writing to keep the application current.

Signature _____

Date _____

ADDITIONAL INFORMATION

Please include the following information with this packet:

- Copy of current Mississippi teaching certificate
- Copy of NTE/PRAXIS scores • Official transcript(s)
- Philosophy of Education in your own handwriting
- You may include a resume if desired

The accompanying Verification of Employment forms should be forwarded by you to previous employers (school districts only) and Reference forms should also be forwarded by you to all six references. Include a stamped envelope addressed to the following for prompt return to our office:

North Bolivar Consolidated School District
Attn: Office of Superintendent
204 North Edwards Street
Mound Bayou, MS 38762

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REQUEST FOR VERIFICATION OF PRIOR SERVICE

Experience Record					
(List each year of experience beginning July 1 - June 30)					
Name of School	School Year		Time Served		Full or Part-time
	Beginning Date	Ending Date	Months	Days	
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

The above school system or college was fully approved or accredited by the _____ Board of Education at the time service was performed. (State)

Public School _____ Private School _____

The North Bolivar Consolidated School District is attempting to establish the prior service of the person listed below. Please complete the following information and return to this office as soon as possible.

Name of Applicant _____

Social Security # _____ Certificate # _____

School District _____ Position _____

Address _____

I hereby certify the above listed experience is a true and correct copy of the records on file for the teacher named above. (Must be signed by an official from the school system central office.)

Signature: _____ Title: _____

Date: _____ Address: _____

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NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT
CONFIDENTIAL REFERENCE EVALUATION FORM

The above named person is an applicant for a teaching position and has named you as a reference. We shall appreciate it if you will give us your evaluation of the candidate and return it at your earliest convenience. This evaluation will be held in strict confidence and will not be accessible to the applicant. Please return this recommendation directly to North Bolivar Consolidated Attn: Office of Superintendent 204 North Edwards Street - Mound Bayou, MS 38762