

**JACKSON COUNTY SCHOOL DISTRICT**  
**East Central St. Martin Vancleave**  
**Barry Amacker, Ed.D., Superintendent**

**Certified Application**

**Date Application Filed** \_\_\_\_\_ **Position Desired** \_\_\_\_\_ **Second Choice** \_\_\_\_\_  
*(Valid One (1) Year)*

**NAME** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**EDUCATION AND PROFESSIONAL TRAINING**

<b>Name of School Begin with High School</b>	<b>Dates Attended</b>	<b>Degree</b>	<b>Major</b>	<b>Total Hours</b>

**Class of License** \_\_\_\_\_ **Valid From** \_\_\_\_\_ **To** \_\_\_\_\_

**Areas of Endorsement** \_\_\_\_\_

**PRACTICE TEACHING**

*(For applicants with less than (2) years teaching experience)*

<b>Name of School Address/City/State</b>	<b>Dates</b>		<b>Subject/Grade</b>	<b>Subject/Grade</b>
	<b>From</b>	<b>To</b>		

## TEACHING EXPERIENCE

Total Years Experience \_\_\_\_\_ Years Experience this District \_\_\_\_\_

Name/Address of School Begin with Most Recent	Period of Service From To	Subject/Grade	Reason for Leaving

### EXPERIENCE OTHER THAN TEACHING

Employer	City/State	From To	Type of Work	Reason for Leaving

List three (3) names of individuals to whom you are giving the attached reference forms. Include principals, supervisors and college professors, etc. Please do not list relatives.

Name	Position	Address	Phone Number

*I attest that the information contained in this application is true and represents me accurately. I understand that Jackson County School District does not discriminate on the basis of sex, race, color, age, religion, national origin or handicapping conditions, and is in compliance with the requirements of Title IX, Section 504 of the Rehabilitation Act of 1973, and Educational Amendments of 1972. Employment is subject to background check and finger printing results, in accordance with state law.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return Application to:  
Jackson County School District  
Attn: Teacher Applications  
P.O. Box 5069  
Vanceleave, MS 39565-5069

**JACKSON COUNTY SCHOOL DISTRICT**  
**Confidential Recommendation Form**

DATE FORM MAILED \_\_\_\_\_

(Last Name)	(First)	(Middle)	(Maiden)
Certified Subject Teaching Area(s)	Check grade level that is indicated on your teaching certificate.		Elementary ( ) K-3 ( ) 4-8 Secondary ( ) 7-9 ( ) 10-12

*I hereby request that the recipient complete this recommendation form. I understand that the information herein will be kept confidential.*

\_\_\_\_\_  
Signature Date

**THE ABOVE INFORMATION SHOULD BE COMPLETED BY THE PROSPECTIVE APPLICANT.**

**INFORMATION LISTED BELOW IS TO BE COMPLETED BY THE PERSON MAKING RECOMMENDATION.**  
 This evaluation will be held in strict confidence and will not be accessible to the applicant. Please return this recommendation directly to Jackson County School District, P.O. Box 5069, Vancleave, MS 39565-5069 within two weeks of the above date.

AREA	Excellent	Good	Average	Fair	Poor	No Chance to Observe
Personal Appearance						
Voice						
Personality						
Cooperation and Helpfulness						
Tactfulness						
Reliability						
Loyalty						
Punctuality						
Good "Common Sense"						
Initiative						
Emotional Stability						
Physical Health						
Works well with Students						
Works well with Teachers						
Skill as Instructor						
Planning and Preparation for Teaching						
Competency in Academic Field						
Accuracy of Reports						
Adaptability to New Ideas						
Ability to Discipline						
Professional Attitude						
Enthusiasm for Teaching						
Public Relations						
Meets Financial Obligations						
Community Involvement						
Probable Success as a Teacher						
General Rating (Overall)						

This evaluation includes the period from 20 \_\_\_\_\_ to 20 \_\_\_\_\_ Today's Date \_\_\_\_\_  
 In what capacity have you known this applicant? \_\_\_\_\_  
 Would you be willing to employ or re-employ this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_  
 Would a telephone call be necessary for additional information? Yes \_\_\_\_\_ No \_\_\_\_\_  
 What is the applicant's strongest characteristic? \_\_\_\_\_  
 \_\_\_\_\_  
 What is the applicant's weakest characteristic? \_\_\_\_\_  
 \_\_\_\_\_

ADDITIONAL COMMENTS: *(Please use the reverse side)*

NAME \_\_\_\_\_ OFFICIAL POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_