Print Form

BROOKHAVEN SCHOOL DISTRICT
P.O. Box 540
326 East Court Street
TELEPHONE: 601-833-6661 Brookhaven, Mississippi 39601 FAX: 601-833-4154

APPLICATION REQUIREMENTS FOR PROSPECTIVE TEACHING PERSONNEL

MISSISSIPPI TEACHING LICENSE

A valid Mississippi Teaching License, indicating all certified areas of endorsement, should accompany the completed application. If a copy is not available at the time the application is returned, please secure one as soon as possible and send a copy to the Brookhaven School District.

OFFICE OF TEACHER LICENSURE

Teaching licensure information may be obtained by writing the Office of Teacher Licensure, Mississippi State Department of Education, P. O. Box 771, Jackson, MS 39205, or by calling (601)359-3483.

RECOMMENDATION FORMS

The applicant is to fill in the top section of the recommendation forms and mail to the individuals listed as references on the application. Completed recommendation forms must be on file prior to employment.

VERIFICATION OF EMPLOYMENT FORMS

The applicant is to fill in the top section of the employment verification forms and mail to the individuals listed as references on the application. Completed verification of employment forms must be on file prior to employment.

PLACEMENT FILES

Institutions of higher learning may mail placement files directly to the Brookhaven School District,
P. O. Box 540, Brookhaven, MS 39602.

TRANSCRIPTS

The applicant is responsible for securing certified transcripts of all college credit which must be on file with the Brookhaven School District prior to employment. Transcripts must indicate a minimum of a bachelor's degree from an accredited college or university.

INTERVIEWS

The principal of the school where the vacancy occurs will interview the applicant. The Superintendent or Deputy Superintendent will interview applicants recommended for employment by the principal.

STATUS OF APPLICATIONS

Applications will remain in the active file for a period of one (1) year and then will be classified as inactive unless the applicant notifies the Superintendent's office in writing to keep the application current.

COMPLETE APPLICATION

A complete application will consist of the completed application form, all college transcript(s), copies of appropriate national teacher examination scores, a copy of the teaching license, completed recommendation forms, and completed verification of employment forms. It is the responsibility of the applicant to supply the required forms. The Brookhaven School District also complies with SB 2658 requiring completed background checks for all employees.

The Brookhaven School District Is An Equal Opportunity Employer.
THE DISTRICT IS IN COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964. PUBLIC LAW 9-202 AND THE EDUCATIONAL AMENDMENT OF 1972, TITLE IX AND SECTION 504 OF THE REHABILITATION ACT OF 1973 AS AMENDED (29 U.S.C 794)

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TELEPHONE: 601-833-6661 FAX: 601-833-4154

EMPLOYMENT APPLICATION FOR CERTIFIED STAFF

Date of Availability

Position(s) Desired ☐ Teacher ☐ Coach ☐ Counselor ☐ Supervisor ☐ Administrator

Date of Application

NAME Last First Middle

Social Security No.

PRESENT ADDRESS Street City State Zip Code

Until Area Code Telephone

PRESENT ADDRESS Street City State Zip Code

Area Code Telephone

DEGREE(S) CHECK ALL THAT APPLY

☐ BS ☐ BA ☐ MASTER'S ☐ VOCATIONAL ☐ SPECIALIST ☐ DOCTORATE

Mississippi Certificate Endorsements
Check All That Apply

	Class	Type	Area
☐	AAAA	Administrator	
☐	AAA	Supervisor	
☐	AA	Secondary Teacher	
☐	A	Elementary Teacher	
☐		Special Subject Teacher	
☐		Permit	
☐		Life Certificate	

When Does your Certificate Expire?

Score on Praxis I
Score on Praxis II
Composite

Grade Point Average

Under Graduate
Graduate
Post Graduate

Instructional Levels
Mark 1 for First Choice, 2 for Second Choice

Grade Level 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9-12 ☐ District ☐

Subjects in Order of Preference 1st Choice 2nd Choice 3rd Choice 4th Choice 5th Choice

Special Education ☐ Emotionally Disturbed ☐ Learning Disabilities ☐ Visually Impaired ☐ Gifted ☐ Mentally Retarded ☐ Physically Handicapped ☐ Hearing Impaired

Other Professional Areas

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EDUCATION

Name of School and Location Include High School, College Graduate, Post Graduate Work in Order Taken	Dates Attended	Degree Received	Major Subject	Semester Hrs. In Major	Minor Subject	Semester Hrs. in Minor
	From To					
	From To					
	From To					
	From To					
	From To					
	From To					
	From To					
	From To					
	From To					
	From To					

EXPERIENCE

Name and Complete Address of School System or Employer	Period of Service Exact Month, Year	No. of Months	Nature of Work Grade - Subject	Reason for Leaving This Position
	From To			
	From To			
	From To			
	From To			
	From To			
	From To			
	From To			
	From To			

Total Months _____ Total Years _____

Have you previously been employed by the Brookhaven School District?

Are you presently under contract with any school system?

School System

Until

When is the earliest you could begin work here?

In the last twelve months, how many days have you lost from work because of personal illness?

Have you ever been asked to resign, been discharged, or failed to be reemployed for a teaching or administrative position?

If "Yes," explain

Have you ever been convicted of an offense other than a misdemeanor?

If "Yes," explain

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

List college activities and honors before and since graduation

Additional information which you wish to submit

Do you have current recommendations on file in a college teacher placement office

Name and Address of College or University

REFERENCES

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

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

List any other names that you may have used, including nicknames

In paragraph form, briefly discuss your reasons for wanting a position with the Brookhaven School District

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 Trustees and will cooperate fully with the programs for professional improvement. I understand that this application will remain in the active file for a period of two (2) years and then will be classified as inactive unless I notify the Superintendent's office in writing to keep the application current.

Date Signature

C

This attachment will be removed
and maintained in a separate file

BROOKHAVEN SCHOOL DISTRICT
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EMPLOYMENT APPLICATION ATTACHMENT

Information on this page of the Employment Application is collected to monitor Brookhaven School District's progress toward equal opportunity employment. This will not be used to determine employment.

Name _____ Date _____

Address _____

Race _____ Sex _____

Handicaps _____

Age on last birthday _____ Date of Birth _____

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BROOKHAVEN SCHOOL DISTRICT
APPLICANT'S BACKGROUND CHECK

PURPOSE

The purpose of the applicant's background check is to request information from the Child Abuse Central Registry and other pertinent agencies for prior substantial abuse/neglect reports regarding his/her suitability in working with children.

INSTRUCTIONS

The applicant is to fill in the top section of the background check form, check the position sought, and sign it. A copy of the form will be maintained in the District's files.

BROOKHAVEN SCHOOL DISTRICT

Permission for Background check

Name _____ Date _____ SS# _____

Driver's License Number _____ Address _____

Phone (H) _____ Phone (W) _____

I give my permission for Brookhaven School District to conduct a background screening check with law enforcement, the Child Abuse Central Registry, previous employers and any other persons to determine my suitability in working with children. I understand that my employment may be immediately terminated if I receive a disqualifying criminal record check.

POSITION _____

SIGNATURE: _____

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BROOKHAVEN SCHOOL DISTRICT

326 East Court Street
Brookhaven, Mississippi 39601

RECOMMENDATION FORM FOR CERTIFIED STAFF

_____ is applying for the position of _____ in the Brookhaven School District. We would appreciate your personal evaluation of the applicant's ability to perform in this position. Please return this form at your convenience to the Brookhaven School District. Information you supply will be kept confidential.

Sincerely yours,
Dr. Lisa Karmacharya, Superintendent

Recommendation Release Authorization

To Whom It May Concern:

I, the undersigned, request that the information solicited on the applicant recommendation form be released to the Brookhaven School District. I understand and agree that this information will be treated as confidential by the Brookhaven Schools and will not be available to anyone other than authorized personnel employed by the school system. No signature means the applicant will have the right to read this reference

Applicant's Signature _____ Date _____

Area	Especially Strong	Strong	Satisfactory	Needs Improvement	Unacceptable	Cannot Judge
Classroom Management & Control						
Lesson Plans						
Organization of Class Time						
Grammar & Speech						
Suitable Evaluation Techniques						
Attention to Individual Needs of Students						
Communication With Students						
Personal Appearance						
Willingness to Learn & Share						
Follows Chain of Command						
Positive Attitude						
Reliability						
Punctuality						
Cooperation & Helpfulness						
Ability to Discipline						
Competency in Academic Field						
Accuracy of Written Reports						
Enthusiasm For Teaching						
Good "Common Sense" Judgment						
Parent Involvement						
General Rating (Overall)						

This evaluation includes the period _____ To _____ Have you seen the applicant teach? _____

In what capacity have you known this applicant? _____

What are the applicant's chief strengths of limitations? _____

Is the applicant open-minded and receptive to suggestions? _____

Would you unhesitatingly employ or re-employ this applicant for this position? _____

Additional Comments: _____

Name _____ Position _____

Address _____ Telephone _____

School District _____

Signature _____

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Telephone 601-833-6661 - Fax 601-833-4154

F

We are requesting that you furnish verification of service as a certified employee in your school system on the following individual:

Applicant's Name

Year(s) of Service

Please complete the certificate below and mail it to Dr. Lisa Karmacharya, Superintendent, Brookhaven School District, P.O. Box 540, Brookhaven, MS 39602-0540.

CERTIFICATE OF PREVIOUS TEACHING EXPERIENCE

This is to certify That _____ was employed full time in the _____ School System as follows:

School Session	Position, Subj./Grade	Length of Term	Mos. Taught

Signed

Title

Date