

STARKVILLE ACADEMY

**505 Academy Road
Starkville, MS 39759**

www.starkvilleacademy.org

Date of Application

Date of Availability

Application for Employment

IMPORTANT: Applicants for educational staff read carefully:

The accuracy and completeness with which this form is prepared will be a factor in its consideration. Application blanks are sent to all who request them, regardless of existing vacancies. **No candidate shall be considered who is not a graduate of an accredited four-year college and eligible to receive a teacher certificate.**

Section I – PERSONAL DATA:

Name _____
(LAST) (FIRST) (MIDDLE/MAIDEN)

Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

Home Phone: (____) _____ Day/Cell Phone: (____) _____

E-mail: _____ Birth Date: ____/____/____ SSN: _____

Section II – EDUCATIONAL INFORMATION:

	State or MPSA	Class	Type	Area(s) of Endorsement
Mississippi Educator's License		<input type="checkbox"/> A <input type="checkbox"/> AAA <input type="checkbox"/> AA <input type="checkbox"/> AAAA <input type="checkbox"/> Other: _____	<input type="checkbox"/> Administrator <input type="checkbox"/> Secondary <input type="checkbox"/> Supervisor <input type="checkbox"/> Elementary <input type="checkbox"/> Special Subject <input type="checkbox"/> Other: _____	

- I hold an out-of-state license. Specify: _____
- I hold an alternate route/emergency license. Specify: _____
- I will complete the requirements for a license on (month/year): _____

POSITION DESIRED: Administrator Teacher Counselor Coach Other

TEACHING PREFERENCE: -

- Elementary (K-5) Secondary (6-12) Middle School, only (6-8) High School, only (9-12)

Elementary Grade Level Preference(s): _____
(FIRST CHOICE) (SECOND CHOICE) (THIRD CHOICE)

Secondary, Middle School, and High School Subject, Grade Level Preference(s): _____
(FIRST CHOICE) (SECOND CHOICE) (THIRD CHOICE)

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

Starkville Academy employs qualified applicants without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of non-job related medical condition or handicaps.

Section III – EDUCATIONAL and PROFESSIONAL TRAINING:

College/University (List in order of attendance)	Location (City, State)	Dates Attended (Year – Year)	Degree	Major	Minor

For First Year Teachers Only
Student Teaching Experience

School District	Grade/Subject	Supervising Teacher	Principal	College Supervisor
First Experience				
Second Experience				

Section IV – EMPLOYMENT HISTORY:

FULL TIME Teaching and/or Administrative Experience: List experience in chronological order, most recent date first. Substitute teaching and paraprofessional experience should be listed under **Other Work Experience**.

School/School District	Mailing Address	Assignment (e.g., grade level, subject)	Dates Year-Year	Years of Experience
Total Full Time Years of Experience				

[Include additional list if necessary]

Other Work Experience:

Employer	Mailing Address	Assignment	Dates Year-Year	Years of Experience

[Include additional list if necessary]

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Section V – PROFESSIONAL DATA:

1. Are you a citizen of the United States of America? Yes_____ No_____
2. Are you currently under contract with a school/district? Yes_____ No_____

If *yes*, give school/district name and city, state: _____
3. Are you able to satisfactorily fulfill the requirements of this job with or without reasonable accommodations?

Yes_____ No_____ If *no*, give complete details on attached sheet.
4. Have you ever been dismissed/non-renewed from employment by any other school/district? Yes_____ No_____

If *yes*, give complete details on attached sheet.
5. Have you ever been given the opportunity to resign or resigned under duress or told you were going to be dismissed if you did not resign? Yes_____ No_____ If *yes*, give complete details on attached sheet.
6. Have you ever had a professional certificate/license revoked? Yes_____ No_____

If *yes*, give complete details on attached sheet.
7. Have you ever been convicted of a crime? Yes_____ No_____ If *yes*, give complete details on attached sheet.

Section VI – WRITTEN RESPONSE:

Please indicate the reason(s) for your seeking employment at Starkville Academy, and detail what you feel to be your strengths as a teacher.

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Section VII – REFERENCES:

REQUIRED FOR EMPLOYMENT CONSIDERATION

1. Application for employment.
2. Copy of Teaching License/Certificate.
3. Resumé.
4. Transcript (may be an unofficial copy.)

REFERENCES: List references below (minimum of three REQUIRED). Include superintendent, principals, or supervisors which whom you are working or have worked. Persons who directed your professional preparation (including student teaching supervisor) should also be listed if you have no teaching experience.

Name	Complete Address	Relation to Work

Section VIII – SIGNATURE SECTION:

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.

- All information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief in consideration of the employment sought. If any misrepresentation by false statement or inaccuracy has been made by me herein, Starkville Academy may withdraw any offer of employment or my employment with Starkville Academy may be terminated immediately without obligation except for payment of earnings at the rate agreed upon through the last day/hour of my employment.
- I voluntarily give Starkville Academy the right to investigate my past employment and all statements contained in this application.
- I voluntarily give Starkville Academy the right to conduct a criminal background and child abuse registry check.
- I understand that failure to be cleared by the criminal background or child abuse registry check will result in the withdrawal of any offer of employment or my employment with Starkville Academy will be terminated immediately without obligation except for payment of earnings at the rate agreed upon through the last day/hour of my employment.
- If employed, I agree to abide by all policies of the Starkville Academy Foundation Board of Trustees, participate in the random drug-testing program, and cooperate fully with inservice programs for professional improvement.
- Completion of this application does not constitute a contract of employment.

I have read and understand the foregoing statements of agreement and accept the terms stated herein.

Signature: _____ Date: _____

Return application and all required materials to:

Starkville Academy, Human Resources
505 Academy Road
Starkville, MS 39759.

Starkville Academy phone numbers are: OFFICE (662) 323-7814 and FAX (662) 323-5480.