



Date of Application

Date of Availability

Jackson Preparatory School
Employment Application

IMPORTANT: The accuracy and completeness with which this form is prepared will be a factor in its consideration. Applications are sent to all who request them, regardless of existing vacancies. Return this application to **Jackson Preparatory School, Head of School**, P.O. Box 4940, Jackson, Mississippi 39296.

NAME OF APPLICANT _____
(Mr. Mrs. Miss Dr.) (First Name) (Middle Name) (Last Name)

Present Address _____
(Street) (City) (State) (Zip Code)

Permanent Address _____
(Street) (City) (State) (Zip Code)

Home Phone _____ Cell Phone _____ E-Mail Address _____

Driver's License No. _____ Social Security No. _____

Spouse or Parent _____ Relationship _____

(Address) (City) (State) (Telephone Number)

POSITION DESIRED: _____

EDUCATION:

Schools	School District	City and State	Number of Years Attended	Date of Graduation
Elementary				
Secondary				

Names and Addresses of Colleges Where Credits Have Been Earned	Degree Earned	Dates Attended

EXPERIENCE OTHER THAN TEACHING – (List in chronological order, most recent first)

Name of Employer	City and State	Type of Work	Reasons for Leaving This Position	Period of Service	
				From (Mo.-Yr.)	To (Mo.-Yr.)

Have you ever failed to be re-employed? _____ If yes, where? _____

State Reasons: _____

In the last two years, how many days have you lost from your work? _____

Are you legally eligible to work in the United States? Yes _____ No _____

Have you ever been convicted of a crime? _____ If yes, attach full details.

Do you currently abuse alcohol or drugs? _____

Are you able to satisfactorily fulfill the requirements of this job with or without reasonable accommodations? Yes _____ No _____

MEMBERSHIP IN ORGANIZATIONS: (Include Civic and Professional) Please indicate position(s) of leadership that you have held in any organization listed.

Organization	Address

REFERENCES: (Minimum of three REQUIRED). Include superintendents, principals, student teaching supervisor or other supervisors for whom you are working or have worked.

Name	Complete Address	Relation to Work

THIS PAGE TO BE COMPLETED BY TEACHER OR ADMINISTRATOR APPLICANTS ONLY:

Receipt of an official transcript mailed directly from the registrar indicating completion of a Bachelor's degree from an accredited college is a prerequisite for employment in a teaching position. No candidate shall be considered who is not a graduate of an accredited four-year college and eligible to receive a teacher certificate.

Student Teaching: (Subject Area) _____ Supervisor _____

School _____ School District and State _____

List types or titles, places, and dates of institutes, clinics, and workshops attended during past five years _____

TEACHING EXPERIENCE – (List in chronological order, most recent first)

Type of Position i.e. Teacher, Prin., Supt.	School District, City, State	Salary	Grade	Subjects	Period of Service From To (Mo. - Yr.) (Mo. - Yr.)

List type (A, AA) and endorsement area(s) of Mississippi Teaching Certificates that you hold or are qualified to hold: (Example: A Elementary, AA English)

_____ When does your certificate expire? _____

Have you taken the National Teacher Examinations? _____ When? _____ PRAXIS ____ When? _____ CMEE ____ When? _____

Which teaching area examination did you take? _____

Teaching Area Exam Score: _____ Common exam score: _____

DIVISION – Mark 1 for first choice, 2 for second choice.

Grade 6 _____ Grades 7 - 9 _____ Grades 10 - 12 _____ Grades 7 - 12 _____

SUBJECT DIVISION

(Write “junior” or “senior”)

1. First choice _____

2. Second choice _____

3. Name other subjects that you are certified to teach: _____

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

