

Forest Municipal School District

325 CLEVELAND STREET

FOREST, MS 39074

NON-CERTIFIED PERSONNEL APPLICATION

SCHOOL: _____ DATE: _____

POSITION APPLIED FOR: _____

NAME: _____ TELEPHONE NO.: (____) _____

ADDRESS: _____
Mailing City State Zip Code

SOCIAL SECURITY NUMBER: _____

HIGHEST GRADE COMPLETED: _____ WHAT SCHOOL? _____

COLLEGE HOURS COMPLETED: _____ NAME OF COLLEGE: _____

WORK OR SCHOOL EXPERIENCE (begin with most recent):

Company Dates Employed Type of Work

Company Dates Employed Type of Work

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Company Dates Employed Type of Work

Other Experience or Training which could qualify you for this work:

When can you begin work? _____

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

Yes No

If yes, explain. _____

REFERENCES:

Name Address Telephone No.

Name Address Telephone No.

Name Address Telephone No.

Applicant Signature Date

Forest Municipal 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 or Rehabilitation Act of 1973, and Educational Amendments of 1972. Employment is subject to background check and finger printing results, in accordance with state law. The identity and employment eligibility of all persons hired to work in the United States will be verified as required by Federal law.

Forest Municipal School District

325 Cleveland Street • Forest, Mississippi 39074 • (601) 469-3250

To: Mississippi Department of Human Services
Division of Family and Children Services
Child Abuse Central Registry
P. O. Box 352
Jackson MS 39205

From: Forest Municipal School District
325 Cleveland Street
Forest MS 39074

(Printed) Applicant's Full Name (list maiden name and list any aliases)

Social Security Number: _____ Date of Birth: _____
(Requesting Agency should verify by viewing the applicant's Drivers License and Social Security card)

Physical Address: _____

By signing this form, I give the above named agency permission to request a MDHS Child Abuse/Neglect Central Registry background check. I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for other purpose.

Applicant Signature Date

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's Social Security card and Drivers License. I understand that this information must be kept confidential with my agency.

Signature of Witness: _____ Date: _____
(Witness must be representative of the requesting agency)

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This section to be completed by MDHS Office

_____ No identifying information was found in the Central Registry

_____ The following information was found in the Central Registry

Signature of MDHS Representative Date