

**EMPLOYMENT APPLICATION**  
**Forest Municipal School District**  
**325 Cleveland Street**  
**Forest, MS 39074**

Name \_\_\_\_\_  
Last First Middle/Maiden

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Position Applying For \_\_\_\_\_

**EDUCATION**

<i>School</i>	<i>Name &amp; Address</i>	<i>Degree/Diploma</i>	<i>Dates</i>
High school			
College			
Other			
Other			

**PAST EMPLOYMENT RECORD (Start with present position.)**

<i>School/Firm Name &amp; Address</i>	<i>Dates</i>	<i>Position</i>	<i>Reason for leaving</i>

List the names of five PROFESSIONAL REFERENCES including people currently working in the medical profession.

<i>Name</i>	<i>Position</i>	<i>Relationship</i>	<i>How to contact this person</i>


List professional activities and honors before and since graduation.

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What position of leadership or responsibility have you held in school, work?

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What professional organizations are you affiliated with?

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Are you presently employed in the medical profession? \_\_\_\_\_

If so, in what capacity? \_\_\_\_\_

What is the earliest you can begin work here? \_\_\_\_\_

Would you agree to a random drug test if required? \_\_\_\_\_

Have you been convicted of any criminal offense? If yes, explain. \_\_\_\_\_

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**READ CAREFULLY**

The information contained in this application for employment 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 in-service programs related to the position of school nurse. I agree that any omissions or false statements will constitute reasons for dismissal.

Senate Bill 2658, signed into law by the Governor on May 22, 2000, requires Criminal Records Background Checks and Child Abuse Registry Checks for all new public school licensed and non-licensed employees.

\_\_\_\_\_  
Applicant's 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

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)

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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.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant signature

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

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\_\_\_\_\_ Signature of MDHS Representative

\_\_\_\_\_ Date