

MISSISSIPPI DEPARTMENT OF EDUCATION CONTRACT WORKER APPLICATION



Return Completed Application to:
Mississippi Department of Education
 P.O. Box 771
 Jackson, MS 39205-0771

For Staff/Official Use Only

Received: _____

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION	
DATE RFA DUE:	POSITION TITLE:

PERSONAL INFORMATION		
FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> LETTER	
EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?			
<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Specialist's Degree
HIGH SCHOOL EDUCATION			
DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D. OR A HIGH SCHOOL EQUIVALENCY DIPLOMA? Yes ___ No ___			
IF NO, WHAT WAS THE HIGHEST-GRADE LEVEL COMPLETED?			

COLLEGE/UNIVERSITY EDUCATION		
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	SEMESTER <input type="checkbox"/> QUARTER <input type="checkbox"/> # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:

CERTIFICATES & LICENSES (INCLUDING DRIVER'S LICENSE)

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

MILITARY INFORMATION

1. ARE YOU A VETERAN OF THE ARMED FORCES? YES NO
(IF YOU INDICATED "YES" YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
2. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? YES NO

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi Department of Education. I know that any misrepresentation herein may lead to rejection of my application. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
SIGNATURE OF APPLICANT

DATE