#### WALTHALL COUNTY SCHOOL DISTRICT

814 Morse Ave. | Tylertown, MS 39667 Telephone: 601-876-3401 | Fax: 601-876-6982

#### APPLICATION INSTRUCTIONS FOR CERTIFIED POSITION

To be considered an official applicant of Walthall County School District, please complete and/or submit the following:

- 1. APPLICATION FORM completed, signed, and dated
- 2. EDUCATOR LICENSE A valid Mississippi teacher certificate, indicating certified areas of endorsement (elementary and/or secondary level, subject, special license, etc.)
- 3. RECOMMENDATIONS From at least two references from those listed on the application.
- 4. HANDWRITTEN STATEMENT attached
- 5. TRANSCRIPTS of all college and/or university work received (must be official/sealed)
- 6. RESUME' (optional) attached to your application

After all of the above information is received and evaluated, applicants may be invited for personal interviews before a person or a screening committee.

You may not be contacted unless you are invited for an interview. However, your information will remain in the active file for three (3) years. You should notify the Superintendent's office in writing in order to update your application.

If employed, you must furnish the Walthall County School District with verification of prior teaching experience, if applicable.

You will also be subject to a background check.

Your application is greatly appreciated.

Thank you for your interest in Walthall County School District.

The Walthall County School District offers equal educational and employment opportunities on a non-discriminatory basis in compliance with the requirements of the following federal civil rights legislation: Title VI, Title IX, the Vocational Amendments of 1976 and 1979, Section 504 of the Rehabilitation Act of 1973, Public Law 94-142. Further, the Walthall County School District offers equal educational and employment opportunities to all persons without regard to sex, race, religion, color, national origin, age, or handicap. The lack of English language skills is not a barrier to participation in any course. ESSA Law Section 112 (e) (3) (D) BASIS FOR ADMISSION OR EXCLUSION. A student shall not be admitted to or excluded from, any federally-assisted education program on the basis of a surname or language minority status. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Title IX/ADA Coordinator, 814A Morse Avenue, Tylertown, MS 39667, 601-876-3401.

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#### SCREENING PROCESS FOR SELECTION OF CERTIFIED STAFF

#### 1. PLACE APPLICATION ON FILE

- a. Place application on file in the Superintendent's Office. Call (601) 876-3401 to request an application to be mailed, or access an application at our website at www.wcsd.k12.ms.us
- b. Applicants may submit via mail or hand-deliver the completed and signed application that includes the following:
  - i. Handwritten statement
  - ii. Complete contact information of four (4) references recommendation forms may be sent from Central Office,
  - iii. Transcripts of all college/university work received,
  - iv. Copy of valid Mississippi teaching certificate
- c. Former employees must complete the same process of employment that is required of all other candidates; however, some documents may already be on file.

#### 2. EVALUATION OF APPLICANT DOCUMENTS

- a. The superintendent and/or his/her designee will review each applicant's credentials in the following categories certification, college preparation, years of experience, and letters of reference.
- b. Based upon credentials mentioned above, the top candidates will be invited for screening interviews.

#### 3. INTERVIEW WITH STAFF OF WALTHALL COUNTY SCHOOLS

- a. The applicant will be screened by the following:
  - i. School building principal
  - ii. Professional staff in the candidate's area (if applicable) elementary, special education, athletics, administration, etc.
  - iii. The candidate may be asked to respond in writing to a question(s) prepared by the administrative staff. The written response may be completed during the interview and placed in his/her file.
- b. The applicant will be rated according to his/her prospective duties and/or position.

#### 4. SUPERINTENDENT'S APPROVAL

- a. The applicant(s) recommended by the administrative staff may be interviewed by the superintendent.
- b. After the superintendent's approval of the recommendation by administrative staff, the School Board will be asked to approve the appointment and, upon approval, a contract for employment will be issued.

### 5. REPORTING TO WORK

a. Must furnish verification of prior teaching experience (if applicable)

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J. Bradley Brumfield, Ed.D. Superintendent of Education

Post Graduate

Date Interviewed:	
(Central Office use only)	

## APPLICATION FOR CERTIFIED POSITION

					Date:	
Please type	or print:					
Name	Last	First			Middle	
Audiess	Street	City	S	state	ZIP	
Telephone (			I	Alt. Te	elephone () _	
Email Addre	ess		S	Social	Security # -	-
	ate the type of position					
riease maic	ate the type of position	i(s), grade ieve	a(s), and/or	subjec	a area(s) for which y	ou wish to apply.
Instru	uctional Grad	le level(s)				
Adm	inistrative Subj	ect area(s)				
	l a valid Mississippi Ed	, ,				
•	• •			417		
	Please attach your license t		and complete	the nce	ensure section below)	
No (I	will be licensed by	) Date				
Mississippi	Educator License #		Class		Expiration Date	
Area(s) of E	Endorsement					
, ,						
<b>EDUCATIO</b>	ON					
SCHOOLS	NAME OF INSTITUTION	CITY/S'	ΓATE DE	EGREE	MAJOR/ SPECIALIZATION	DATES ATTENDED (M/Y – M/Y)
High School					SIECIALIZATION	(141/1 - 141/1)
College						
Graduate						

An official (sealed) transcript indicating college coursework and completion of a minimum of a Bachelor's degree from an approved college/university is perquisite for employment in this district.

<b>EMPLOY</b>	MENT I	RECORD						
SCHOOL	, DISTRICT,	CITY, STATE		OF SERVICE ' - M/Y)	POSITI	ON, GRADE, AND/C	R SUBJECT	REASON FOR LEAVING
Total years	s of exper	rience						
REFERE	NCES							
Beginning te internship or	achers show student tea	uld have a refere	nce from thes as well a	ne directing the constraint of	teacher ollege i		e school wh	, and/or superintendents. ere she/he completed I experiences
NAM	ИE	ADDRES	SS	POSITIO	ON	TELEPHONE		EMAIL ADDRESS
Yes	No					ts due to you, by a (PERS)? If yes, sta		nat participates in the ency.
Yes	No	Have you eve				y to a misdemeand	or, a felony, o	or any offense involving
Yes	No	Have you eve system? If ye		nissed, non-	renewe	d, or asked to resig	gn from emp	loyment by a school
Yes	No	Have you had	l a teaching	g certificate/	license	revoked? If yes, ex	xplain.	
Yes	No	Have you bee	en previous	ly employed	l by Wa	lthall County Scho	ool District?	If yes, when?
writing that your I autoriminal backs, not exceed \$50 employment. I from the relea I has falsification of	our application of the control of th	on remain active. hall County Schook and current child by authorize my prowalthall County Section. Information carefu	l District to abuse regis evious emplo chool Board lly and certi- ion will con	make an inve try check. The oyers to provi d of Education fy that the inf	stigation e cost of de all in and all	of my personal empthe background cheformation which the previous employers	ployment histock may be pai y may have co from any poto	ential liability resulting

Date

Signature of Applicant

Date

Signature of Applicant