



Highway 49 South • Piney Woods, MS 39148 • (601) 845-2214 tel • (601) 845-2604 fax

PLEASE PRINT

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
last first middle

Address \_\_\_\_\_  
street (p.o. box) city state zip

Home Telephone ( ) \_\_\_\_\_ Number where you can be reached ( ) \_\_\_\_\_

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	YES	NO
Have you filed an application here before? If yes, give date _____		
Are you employed now?		
If yes, may we contact your present employer? Work Telephone ( ) _____		
May we contact you at work?		

	YES	NO
Are you legally eligible for employment in the United States? (proof of citizenship or immigration status will be required upon employment)		
Veteran of U.S. military service? If yes, indicate branch _____ If yes, indicate years of service 19__ - 20__		

When will you be available to begin work? \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_  
 \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative  
 \_\_\_\_\_ Walk-In \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ PWS Employee (please indicate who) \_\_\_\_\_

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School	Name and Address of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma Received
High School				__ Yes	
				__ No	
Trade/Vocational				__ Yes	
				__ No	
Undergraduate				__ Yes	
				__ No	
Graduate				__ Yes	
				__ No	
Post Graduate				__ Yes	
				__ No	
Other				__ Yes	
				__ No	

**APPLICATION FOR EMPLOYMENT**

# EMPLOYMENT HISTORY

Please give accurate, complete, full-time, and part-time employment record. Start with present or most recent employer.

1	Company Name _____	Telephone (      )
	Address (city, state, zip) _____	Length of Employment From                      To
	Name of Supervisor _____ Title _____	Salary (indicate weekly / monthly) Start                      Last \$                              \$
	Your Job Title _____	Reason for Leaving
	Describe Your Work _____	

2	Company Name _____	Telephone (      )
	Address (city, state, zip) _____	Length of Employment From                      To
	Name of Supervisor _____ Title _____	Salary (indicate weekly / monthly) Start                      Last \$                              \$
	Your Job Title _____	Reason for Leaving
	Describe Your Work _____	

3	Company Name _____	Telephone (      )
	Address (city, state, zip) _____	Length of Employment From                      To
	Name of Supervisor _____ Title _____	Salary (indicate weekly / monthly) Start                      Last \$                              \$
	Your Job Title _____	Reason for Leaving
	Describe Your Work _____	

## SPECIAL SKILLS and QUALIFICATIONS

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## MEMBERSHIPS in PROFESSIONAL or CIVIC ORGANIZATIONS

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## REFERENCES

Please give name, position, address, and telephone number of three (3) references who **ARE NOT** related to you. Include at least one supervisor under whom you have worked.

Name	Position	Address	Telephone

## ALL APPLICANTS

Are any criminal charges or proceedings pending against you? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony or any offense involving sexual molestation, physical or sexual abuse, or rape? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

NOTE: A conviction will not necessarily disqualify an applicant from employment.

Have you ever been asked to resign, had your contract not renewed, been discharged, or resigned in lieu of discharge from any employment? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

## SIGNATURE

I certify that the information provided on this application is true and accurate to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I give the employer the right to conduct background investigations on all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. I understand that this application will be maintained in the personnel office for one year from the date received and will be periodically reviewed to assess suitability for openings as they occur. (Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.)

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Piney Woods School is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized executive of this institution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Statement of Nondiscrimination

**The Piney Woods School** employs, retains, promotes, terminates, and otherwise treats any and all employees and job applicants on the basis of merit, qualifications, and competence. This procedure shall be applied without regard to any individual's sex, race, religion, national origin, pregnancy, age (40-70), marital status, or physical handicap; except where the doctrine of business necessitates or a bona fide occupational qualification can reasonably be established.



### For Use By Dept. of Human Resources Only

Arrange Interview      \_\_\_ Yes      \_\_\_ No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer(s) \_\_\_\_\_ date \_\_\_\_\_ date  
\_\_\_\_\_ date \_\_\_\_\_ date

Applicant Employed      \_\_\_ Yes      \_\_\_ No  
Date Employed \_\_\_\_\_  
Job Title \_\_\_\_\_  
Department \_\_\_\_\_  
Hourly Rate / Salary \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title



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# REFERENCE EVALUATION

I, \_\_\_\_\_, hereby authorize the release of the information solicited on this form to The Piney Woods School.

\_\_\_\_\_ has applied for a position as a(n) \_\_\_\_\_ at The Piney Woods School and has given your name as a reference having personal knowledge of his/her qualifications. We would appreciate your personal evaluation of the applicant. Please return this form to us at your earliest convenience. Information that you supply will be kept confidential.

PLEASE CHECK THE CATEGORIES THAT BEST DESCRIBE THE APPLICANT.						
AREA	RANKING					
	Very High	High	Satisfactory	Unsatisfactory	Needs Improvement	Cannot Judge
General Intelligence						
Reliability						
Punctuality						
Personal Appearance						
Initiative						
Cooperative and Helpful						
Use of Written and Spoken English						
Honesty						
Willingness to Learn						
Positive Attitude						
Works Well With Others						
Good Common Sense Judgment						
Enthusiasm						
Takes Directions Well						
Ability to Meet Deadlines						
Competency in Major Field						
Classroom Management and Discipline						
General Rating (overall)						

How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_  
 To your knowledge, has this person had a criminal record or any mental or physical condition that may adversely affect his/her ability to work with children? \_\_\_yes \_\_\_no  
 Would you employ or re-employ this applicant for this position? \_\_\_yes \_\_\_no If no, why not? \_\_\_\_\_

Additional comments (please use the back of this sheet if additional space is needed):

\_\_\_\_\_  
 Name Title Organization

\_\_\_\_\_  
 Address City State Zip Telephone Date



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# Voluntary Affirmative Action Information

(completion of information below is **voluntary**)

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard, or any other similarly protected status.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. If you choose not to participate, you **will not** be subjected to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. This information will be used and filed separately from your application or personnel file in accordance with applicable laws and regulations.

Date of Application \_\_\_\_\_

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

Position(s) Applied For \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Referral Source     Advertisement     Walk-In     Friend     Private Employment Agency     Other \_\_\_\_\_  
 Relative     Current PWS Employee     Government Employment Agency    \_\_\_\_\_

PWS Employee Who Referred You: \_\_\_\_\_

Please check one of the following Equal Employment Opportunity Identification Groups which best applies to you.

African American     Latino / Hispanic     Asian/Pacific Islander  
 Caucasian     Native American     Middle Eastern