



# Gulfport School District



P.O. BOX 220  
Gulfport, MS 39501-0220  
(228) 865-4600

## Classified Employment Application

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone #

### Position Applied For:

(Please check one or more)

Bookkeeper     Secretary     Clerk     Data Processor  
 Maintenance     Custodian     Cafeteria Worker     Security Guard  
 Other (Specify) \_\_\_\_\_

### Education:

(Circle one or more)

High School: Years completed    \_\_\_ 1    \_\_\_ 2    \_\_\_ 3    \_\_\_ 4    Graduate    \_\_\_ Yes    \_\_\_ No  
GED    \_\_\_ Yes    \_\_\_ No  
College: Years completed    \_\_\_ 1    \_\_\_ 2    \_\_\_ 3    \_\_\_ 4    Graduate    \_\_\_ Yes    \_\_\_ No

Do you hold a Mississippi Teacher's Certificate?    \_\_\_ Yes    \_\_\_ No

Endorsements:    \_\_\_\_\_  
Class    Type    Teaching Area

Do you speak a language other than English? \_\_\_\_\_

Do you hold any of these certificates?

Bus driver certificate (CDL)    \_\_\_ Yes    \_\_\_ No    Custodial Certificate    \_\_\_ Yes    \_\_\_ No  
Nurse    \_\_\_ Yes    \_\_\_ No    School Food Service Certificate    \_\_\_ Yes    \_\_\_ No  
School Food Manager Certificate    \_\_\_ Yes    \_\_\_ No    Social Worker    \_\_\_ Yes    \_\_\_ No

List the office machines you are able to operate: \_\_\_\_\_  
\_\_\_\_\_

Date available for employment: \_\_\_\_\_

Name of school and location (include high school, college, graduate work and summer sessions in order taken	Dates	Time Spent	Semester Credit Hours	Degree or Diploma	Minor Subject and Semester Hours Credit	Major Subject and Semester Hours Credit

**EXPERIENCE:**

Name & Address of Employer	Dates of Employment	# of Months Employed	Type of Work	Reason for Leaving
1.				
2.				
3.				

Have you ever been asked to resign, been discharged or failed to be re-employed? \_\_\_ Yes \_\_\_ No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

List the names, position and address of four individuals as your references. Include supervisors under whom you have worked. Please **do not list relatives** as references.

References' Full Name	Complete Address & Zip Code	Occupation/Area Code -Phone #
1.		
2.		
3.		
4.		

*Gulfport School District does not discriminate on the basis of sex, race, religion, handicap, national origin or veteran status.*

**Read carefully and sign the following statement:**

By my signature, I attest that the information contained in this application is true and represents me accurately. My failure to completely disclose the information being requested in this application may result in my dismissal.

\_\_\_\_\_  
Signature