

PRENTISS CHRISTIAN SCHOOLS
1643 Amanda Street
Post Office Box 1287
Prentiss, Mississippi 39474-1287
(601) 792-8549

APPLICATION FOR EMPLOYMENT

Personal Data:

Last Name	First	Middle
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Present Address

Email Address

Telephone Number	Emergency Contact
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Social Security Number	Date of Birth
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Marital Status: _____

Spouse's Name, if applicable	Spouse's occupation
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Number of children	Ages of children, if applicable
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Church Preference

Position Applying For: _____

Professional Education

Name of Institution

Dates of Attendance

High School: _____

College/University: _____

Major: _____ Semester Hours: _____

Minor: _____ Semester Hours: _____

Do you hold a MS Teacher's Certificate? _____ Type: _____

Teaching Field and/or Subjects on MS Certificate: _____

Teaching Experience:

Name of School	# Years	Grade/Subjects	Inclusive Dates From – To

References:

Please provide the name, address and telephone number.

1. _____

2. _____

3. _____

THE FOREGOING INFORMATION IS FACTUAL, CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

Please attach resumes, transcripts, teaching certificates and licenses.

Signature of Applicant _____

Date _____

Prentiss Christian Schools admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship programs, and athletic or other school administered programs.

**PRENTISS CHRISTIAN SCHOOLS
BACKGROUND INVESTIGATION CONSENT**

I, _____, hereby authorize Prentiss Christian Schools and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications for employment now, and if applicable, during the tenure of my employment with Prentiss Christian Schools.

I hereby release Prentiss Christian Schools and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information contained from any and all of the above-referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

PLEASE PRINT:

Full name

Maiden name or other names used

Present Street Address

How Long?

City and State

Zip + Four

Former Street Address

How long?

Date of Birth

Social Security Number

Driver's License Number

State of Issuance

Signature

Date