



# THE MISSISSIPPI SCHOOL FOR MATHEMATICS AND SCIENCE

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## THE APPLICATION PROCESS

### A. APPLICATION FOR EMPLOYMENT

The applicant should mail the following to the address provided below:

- Completed application
- Resume
- Three (3) letters of reference
- Copy of educator license (if applicable)
- Unofficial transcript(s)

### B. THE INTERVIEW

You will be notified if a personal interview is needed. At the time of the on-campus interview, you may be asked to complete one or more written exercises.

Mail completed application package to:

Ms. Amber Lynn Moore  
The Mississippi School for Mathematics and Science  
1100 College Street, W-1627  
Columbus, MS 39701



# The Mississippi School for Mathematics and Science

## APPLICATION FOR ADMINISTRATOR AND FACULTY POSITIONS

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

Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_  
(Name should be given as it appears on Social Security Card)

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone # \_\_\_\_\_

Indicate the position for which you are applying: \_\_\_\_\_

How did you find out about the position? \_\_\_\_\_

List chronologically ALL of your residences for the past 10 years (including addresses while attending school if away from home)

Dates		Apt. No.	Street Address	City	State
From	To				

### EDUCATIONAL HISTORY

College/University	City and State	Dates of Attendance	Degree(s)	Major	Minor

### EMPLOYMENT EXPERIENCES

Name & Address of Employer	Length of Employment (Years or Months)	Immediate Supervisor and Phone Number	Nature of Work (be specific)	Reason(s) for Leaving

**For Administrators, Counselors and Teachers:**

Mississippi Teaching License: License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Type: \_\_\_\_\_

Endorsement Area(s) \_\_\_\_\_ Validity Date \_\_\_\_\_

## **COMPUTER EXPERIENCE**

Describe your experience with computers. Be sure to include the use of computers in teaching subject matter or in your job area.

## **IDEAS FOR ENRICHING YOUR AREA**

Describe ideas you would utilize in enriching student experiences at MSMS (related to the area for which you are applying).

## **INVOLVEMENT WITH EXTRA OR CO-CURRICULAR ACTIVITIES**

Describe your association with high school students involving extra or co-curricular activities (sponsorship, clubs, academic competitions, etc.)

## PHILOSOPHY

Describe your philosophy of education and how your own education, experience and work ethic have prepared you for and led you to apply for this position in public education.

## REFERENCES

Provide contact information below for the three individuals who have provided letters of reference included in your completed application package.

1.     NAME: \_\_\_\_\_  
       POSITION: \_\_\_\_\_  
       ADDRESS: \_\_\_\_\_  
          \_\_\_\_\_  
       PHONE NUMBER (with area code): \_\_\_\_\_
  
2.     NAME: \_\_\_\_\_  
       POSITION: \_\_\_\_\_  
       ADDRESS: \_\_\_\_\_  
          \_\_\_\_\_  
       PHONE NUMBER (with area code): \_\_\_\_\_
  
3.     NAME: \_\_\_\_\_  
       POSITION: \_\_\_\_\_  
       ADDRESS: \_\_\_\_\_  
          \_\_\_\_\_  
       PHONE NUMBER (with area code): \_\_\_\_\_

Why do you desire to leave your present position? (or) Why did you leave your position?

Have you ever been asked to resign, been discharged, or failed to be re-employed for a position? If yes, explain.

Do you possess a commercial driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Number: \_\_\_\_\_

Have you ever been arrested, questioned or convicted of any misdemeanor or felony, to include expungements? \_\_\_\_\_ If yes, explain.

APPLICANT'S STATEMENT - Your application will not be processed unless you sign and date the statement below.

I hereby certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any pertinent investigation of my personal and employment background.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NONDISCRIMINATION POLICY:** It is the intent of the Mississippi School for Mathematics and Science to comply with all provisions of Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, P.L. 94-142, and Title II of the Americans with Disabilities Act of 1990. The State Board of Education directs that no person shall on the basis of race, color, national origin, sex, disability, age or religion be discriminated against or excluded from or denied the benefits of any program or any opportunity or activity. This section applies to all applicants for employment at the Mississippi School for Mathematics and Science, present employees, and students.