## MISSISSIPPI DEPARTMENT OF EDUCATION CONTRACT WORKER APPLICATION



## Return Completed Application to: Mississippi Department of Education

P.O. Box 771 Jackson, MS 39205-0771

For Sta	f/Official Use Only
Received: _	

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DATE RFA DUE:				
	PER	SONAL INFORMATION	N	
FIRST NAME	MIDDLE		LAST NAME	
ADDRESS				
CITY		STATE	ZIP	
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EMAIL ADDRESS				
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		EDUCATION		
WHAT IS YOUR HIGHEST LEVEL O	F EDUCATION?			
DComo Collogo	College Associate's Degree		egree	
□ Some College			☐ Bachelor's Degree ☐Specialist's Degree	
	☐ Technical College	Bachelor's		
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WORK HISTORY	
	POSITION TITLE
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SUPERVISOR (NAME & TITLE)	
SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO NO
EMPLOYER	POSITION TITLE
SUPERVISOR (NAME & TITLE)	
SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO
	DATE ISSUED (MONTH/YEAR)  ISSUING AGENCY  DATE ISSUED (MONTH/YEAR)  ISSUING AGENCY  WORK HISTORY  EMPLOYER  SUPERVISOR (NAME & TITLE)  SALARY  SUPERVISOR (NAME & TITLE)

	WORK HISTORY	
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		
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From To  ADDRESS, CITY, STATE  PHONE NUMBER  HOURS PER WEEK	SUPERVISOR (NAME & TITLE)	
From To  ADDRESS, CITY, STATE  PHONE NUMBER  HOURS PER WEEK	SUPERVISOR (NAME & TITLE)	

MILITARY INFORMATION
1. ARE YOU A VETERAN OF THE ARMED FORCES?  (IF YOU INDICATED "YES" YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)  2. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED?  YES O NO O
ADDITIONAL INFORMATION
Additional Information (other schools or training; special qualifications; honors and awards; etc.):
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APPLICANT DECLARATIONS  By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi Department of Education. I know that any misrepresentation herein may lead to rejection of my application. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.
X DATE