

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

Please submit your application to the following email address if you are affiliated with **Attala, Bolivar, Jasper, Lauderdale, and Madison** to: Jaleisha Cleveland (email: jaleisha@clevelandef.org/ phone: 516-902-9903)

Please submit your application to the following email address if you are affiliated with **Powell, Brinkley, Blackburn, Oktibbeha, and Lee** to: Sydney Waltman (email: sydney@clevelandef.org/ phone: 601-842-1909)