

NEW ALBANY SCHOOL DISTRICT  
301 HIGHWAY 15 NORTH  
NEW ALBANY, MS 38652

**ASSISTANT TEACHER APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Applicants for non-certified positions are required to have a fingerprinting/background check completed. You will be notified concerning further information about the fingerprinting/background check. Also, random drug testing deemed appropriate by the school district may be conducted.

General Condition of Health \_\_\_\_\_

Education:

<u>Name of Institution</u>	<u>Days Attended From/To</u>	<u>Graduation Degree/Date</u>
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High School \_\_\_\_\_

College \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4

Employment Information:

Dates To/From	Firm Name	Firm Address	Phone Number	Reason Left
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Approximately what was your salary per hour at your last place of employment?

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Are you currently receiving retirement contributions from the Public Employees' Retirement System of Mississippi? Yes \_\_\_\_\_ No \_\_\_\_\_

References (at least three):

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
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**This application will remain active for one year from date received.**

**The New Albany School District does not discriminate on the basis of race, creed, color, gender, religion, age, national origin, or disability.**