

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</u> <u>From/To</u>	<u>Graduation</u> <u>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?

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.