

Please print, complete and return to:

Prentiss County School District
P.O. Box 179; 105 North College Street
Booneville, MS 38829
Telephone: 662-728-4911 Fax: 662-728-2000

Note: The applicant should exercise the greatest care in preparing this application. Information given herein becomes a legal part of the contract in the case of election. Please do not omit any item.

TEACHER ASSISTANT EMPLOYMENT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ PHONE NUMBER: _____

Requirements for Kindergarten and Other Assistant Teachers: Hold Associate's Degree or higher, or minimum of 48 College Credit hours (transcript verification required), or High School Diploma/ GED and Verification of Workkeys Scores.

Requirements for Pre-Kindergarten Assistant Teachers: Early Childhood Associate's Degree, or Associate's Degree or 60 college credit hours and 12 early childhood college credit hours or completion of an early childhood training program, or High School Diploma/ GED and Verification of Workkeys Scores and 12 early childhood college credit hours or completion of an early childhood training program.

WorkKeys requirements: (1) Reading for Information score of 4, an Applied Mathematics score of 4, and a Writing or Business Writing score of 3; OR Workkeys Silver Level Certification Workplace Documents score of 4, Applied Mathematics score of 4 and Writing or Business Writing score of 3.

Prentiss County School District does not discriminate on the basis of race, age, sex, religion, handicap, or national origin.

1. Are you able to perform all the responsibilities, including extracurricular, that are normally part of the position for which you are making application? _____

Explain: _____

2. When would you be able to begin to work? _____

3. References: These should be persons qualified to give any information to show your fitness for the position you seek.

NAME ADDRESS POSITION

4. Attachments: Please submit a copy of your college transcript(s) or Work Keys test.

APPLICATION VALID ONE (1) YEAR FROM DATE OF RECEIPT

Office Use Only

Date Received: _____

EDUCATION

NAMES OF SCHOOLS ATTENDED (High School, College, Graduate, Etc)	DATES	SEMESTER HRS/ CREDIT	DEGREE/ DIPLOMA	MAJOR SUBJECTS AND HRS. CREDIT

FORMER EMPLOYEMENT
(PLEASE LIST STARTING WITH LAST FIRST)

NAME AND LOCATION	DATES	POSITION	REASON FOR LEAVING

I agree to the following:

- child abuse registry check
- criminal records background check via fingerprint card
- payment of \$32.00 fee for fingerprinting and the FBI
- National criminal history record check

NOTE: The information given on this application is true and correct to the best of my knowledge. I understand that any false information may invalidate the applicant's employment. If employed, I agree to abide by all the policies approved by the Board of Education and will cooperate fully with in-service programs for professional improvement. I agree that my employment and compensation can be terminated, with or without cause, and or without notice, at any time by the company.

Signature: _____

Date: _____