



# Gulfport School District



**P.O. BOX 220  
Gulfport, MS 39501-0220  
(228) 865-4600**

## *Application for Teacher Assistant*

Date \_\_\_\_\_

Name \_\_\_\_\_  
(As on Social Security Card)

Address \_\_\_\_\_  
Street City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone #

Have you earned a high school diploma (GED)?  Yes  No

\_\_\_\_\_ Degree earned?  Yes  No  
(Name of College Attended)

Number of years attended \_\_\_\_\_ Semester hours completed \_\_\_\_\_

Do you speak a language other than English? \_\_\_\_\_

Have you ever taken the Teacher's Assistant Test?  Yes  No

If yes, where was the test taken? \_\_\_\_\_ Year taken \_\_\_\_\_  
*Attach a copy of test score result or confirmation letter.*

Please list previous educationally related work experience:

Name of Employer	Address	Title	Date
1.			
2.			
3.			

Have you ever been asked to resign, been discharged or failed to be re-employed?  
 \_\_\_\_ Yes \_\_\_\_ No If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of any offense other than a simple traffic violation?  
 \_\_\_\_ Yes \_\_\_\_ No If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

List the name, position and address of three individuals as your references. Include supervisors under whom you have worked. Please **do not list relatives** as references.

Name	Address	Title	Telephone #
1.			
2.			
3.			

**By Gulfport Policy, no applicant who fails one or more parts of the screening test can retake the test(s) until three months have elapsed. Your signature indicates your understanding of this policy.**

*Gulfport School District does not discriminate on the basis of sex, race, religion, handicap, national origin or veteran status*

\_\_\_\_\_  
 Signature of Applicant

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

**Send Application To:**

Director of Personnel  
 Gulfport School District  
 P.O. Box 220  
 Gulfport, MS 39502-0220