## **APPLICATION FOR NON-CERTIFIED STAFF**

## YAZOO COUNTY SCHOOL DISTRICT Post Office Box 1088

Yazoo City, MS 39194 662-746-4672

			Date		
Name (Name as it appears on Social Security card)			_ Social Security Numberxxx-xx-		
			(last 4-digits only)		
Address		Phone	Number		
	(Street/P.O. Box)				
Address					
	(City)	(State)	(Zip)		
Position Desire					
	` .	, Teacher Assistant, Substitute, Cafe			
Do you have c	hildren attending school	in the Yazoo County School District?			
(Teacher assi	stant and substitute te	acher applicants must attach a cop	by of high school transcript, coll	ege transcript, or G.E.D.)	
Education:	Name of Institution	<u>Dates Att</u>	-	<u>Degree</u>	
High School _					
Colleges					
J					
Maior		M	inor		
Total semester	r hours earned				
Work Experi	ience: (List last emplo	yer first) (Application will be co	nsidered incomplete if this s	ection is not completed.)	
EMF	<u>PLOYER</u>	ADDRESS/PHONE	DATES EMPLOYED	JOB DESCRIPTION	
<u>=</u>	<u> </u>	ABBRESS/I HONE	<u>DATEO EIVII EOTED</u>	OOD DECORIT HON	
A					
В					
C					
D					
_					
E					
References: NAME		ADDRESS/PHONE		<u>POSITION</u>	

The Yazoo School District offers educational and employment opportunities to all persons without discrimination and without regard to age, sex, race, religion, handicap, color or national origin.