

CLARKE COUNTY SCHOOLS
P.O. BOX 936
GROVE HILL, AL 36451
Application Form – Teacher/Administrative

Date of Application _____ Date Available for Employment _____

Mr. Ms. Dr. _____
 Last Name First Name Middle Name
 (Give name used on Social Security Card. Use in all correspondence with this office.)

Present Address _____
 Street, P.O. Box, Apt #

Permanent Address _____
 City State Zip Code Phone

_____ Street, P.O. Box, Apt #

 City State Zip Code Phone

Social Security Number _____ Are you a U.S. Citizen? _____
 Driver's License Number _____ State _____

POSITION DESIRED

Indicate grades/subjects/positions for which you are certified and/or desire employment

<input type="checkbox"/> Early Childhood (Grades _____) <input type="checkbox"/> Elementary (Grades _____) <input type="checkbox"/> Secondary (Grades _____) <input type="checkbox"/> Special Education (Areas) _____ <input type="checkbox"/> Psychometric	<input type="checkbox"/> Counselor (Grades _____) <input type="checkbox"/> Media Specialist (Grades _____) <input type="checkbox"/> Administrator (Grades _____) <input type="checkbox"/> Transportation Director <input type="checkbox"/> Other _____
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The Clarke County Board of Education is an equal opportunity employer and does not discriminate in employment on the basis of religion, race, color, sex, national origin, creed, age, gender, marital status, pregnancy, disability or any other basis prohibited by law.

I. EDUCATIONAL AND PROFESSIONAL PREPARATION *

(Begin with high school and list in chronological order)

Name of School	Location	Dates Attended		Degree	
		From	To	Granted	Major

*Official Transcript and resume required prior to signing contract

II. STUDENT TEACHING

Name of School	Supervising Teacher	Dates	Subjects/Grade Levels

III. PROFESSIONAL EXPERIENCE

Name of School	System Name	Dates		Grade/Subject	Supervisor
		From	/To	Assignment	

Total Years Teaching Experience _____

IV. CERTIFICATION

Do you presently hold a valid Alabama teaching certificate? ____ If so give:
Rank/Type _____ Field _____ Expiration Date ____ Endorsements _____

If you do not hold a current Alabama teaching certificate, have you made application for a certificate? _____ Date Applied _____ Field _____

Do you currently hold or have you ever held a teaching certificate from another state? _____
Rank/Type _____ Field _____ Expiration Date _____ State Certificate Number _____

V. OTHER WORK EXPERIENCE –(Include Military Service)

Employer name and complete address	Dates To/From	Phone Number	Job Title	Supervisor
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VI. PERSONAL AND PROFESIONAL DATA

Are you currently employed? _____
If yes, have you resigned your present position? _____
If now currently employed, why are you considering leaving your present position? _____

If not currently employed, why did you leave your last position? _____

List any special honors or distinctions you received in college or in an employment position.

List any special interests or hobbies. _____

List any activities that you are qualified and willing to direct or coach. (Drama, Yearbook, Football) _____

Have you ever (each question must be answered)

- | | | | |
|----|--|-----|----|
| A. | Failed to have a contract renewed with a school system? | Yes | No |
| B. | Broken a contract with a system? | Yes | No |
| C. | Been dismissed from employment with a school system or been asked to resign? | Yes | No |
| D. | Had a teaching certificate denied, revoked or suspended in any state? | Yes | No |
| E. | Plead guilty or been convicted of a felony or misdemeanor?
(A conviction record would not necessarily be a bar to employment) | Yes | No |

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, YOU MUST ATTACH AN EXPLANATION.

VII. REFERENCES

If you are a beginning teacher you must request that your placement file be forwarded to this office.*

*Please include references even if you have a placement file.

REFERENCES

List references, other than relatives, who have knowledge of your work experience and abilities.

Name/Title/School or location

Address/City/Zip

(____) _____

Phone #

Name/Title/School or location

Address/City/Zip

(____) _____

Phone #

Name/Title/School or location

Address/City/Zip

(____) _____

Phone #

Name/Title/School or location

Address/City/Zip

(____) _____

Phone #

By filing an application for employment with the Clarke County Board of Education, I authorize full investigation of the information given in the application and consent for the representatives of the Board to contact my references, previous employers, physicians, hospitals, schools attended, court officials and law enforcement authorities. If employed, I agree to abide by all policies as set forth by the Board. I also understand that a misstatement or an omission of information requested shall be reason for non-employment or dismissal from employment and shall not be revealed to me.

Signed _____

Date _____

FOR USE BY THE CLARKE COUNTY BOARD OF EDUCATION

Personal Interview

Date ____/____/____ Time ____ Interviewer _____

Remarks
