

Application Form – Classified Personnel

WINSTON COUNTY BOARD OF EDUCATION

P.O. Box 9

Double Springs, Alabama 35553

Specific Position Desired _____

****Please Note: If you are applying for an Instructional/Special Needs Aide you must have completed 2 years of college or passed the Work Keys Test.**

Available for Substitute Work? Yes _____ No _____

Date _____

NAME _____ Social Security Number _____

ADDRESS _____ City _____ State _____ Zip _____

SCHOOL ZONE _____ TELEPHONE _____ EMAIL _____
(Optional)

DATE OF BIRTH _____ AL DRIVERS LICENSE NO. _____
(Bus Driver Applicants Only)

Are you in Good Health? _____ List any physical or mental problems that may prevent you from
performing your assigned tasks _____

A tuberculin skin test is required for all new employees. A thorough physical exam is required for bus drivers and may be required for certain other positions.

Education	Grade or degree completed	Date attended	Name of School
High School			
Business School or Business College			
Junior College			
Trade School or Community College			
College or University			
Other			

HAVE YOU COMPLETED AN APPRENTICESHIP PROGRAM? _____ DATE COMPLETE _____

TRADE OR ORGANIZATION APPRENTICESHIP SERVED IN _____
 JOB RELATED COURSES OR TRAINING _____

SKILLS (COMPUTER, TYPING, BOOKKEEPING, SHORTHAND, MACHINES OPERATED, CARPENTRY, PLUMBING, MECHANICS, FOOD SERVICE, BUS DRIVING, ETC.)

AWARDS, DEGREES, HONORS:

WORK EXPERIENCE (use attachments if necessary)

COMPANY	DATES WORKED	DUTIES	IMMEDIATE SUPERVISOR
1.			
2.			
3.			
4.			
5			

PRESENT POSITION OR MOST RECENT POSITON _____

REASON FOR LEAVING _____

HAVE YOU WORKED IN THIS SCHOOL SYSTEM BEFORE? _____

REFERENCES (other than relatives)

NAME	ADDRESS	PHONE NO.	OFFICIAL POSITION
1.			
2.			
3.			
4.			
5			

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES _____ NO _____
IF YES, PLEASE EXPLAIN IN DETAIL.

WHERE ARRESTED _____

NAME OF COURT _____

DATE _____ NATURE OF CHARGE _____

DISPOSITION _____

OTHER PERTINENT DATA _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____ PHONE _____

The Board has an obligation to the students and the community it serves to employ those persons who will be the most competent in the position for which they are employed and will practice their profession according to the highest ethical standards. To achieve these objectives, the Board shall conduct investigations including verification of prior employment history and education.

By signing this form, I authorize the Winston County School System to verify all information in this application, to check references, and make additional investigations as appropriate. I hereby certify that the above statements are true and complete to the best of my knowledge and understand that failure to disclose information asked for on this form or falsification of statement and facts may be sufficient reason to disqualify me for employment or if employed, cause my dismissal. Further, I agree that, if employed, I will abide by the policies and regulations of the Board.

An application must be made for each position posted.

DATE _____ SIGNATURE OF APPLICANT _____

EMAIL ADDRESS _____

The Winston County Board of Education is an equal opportunity employer and employs without regard to age, race, religion, color, sex, handicap or national origin.

PERSONAL DATA

Complete after Employment

Date and Place of Birth _____

Race _____ Sex _____ Height _____ Weight _____

For Use by The Winston County Board of Education

PERSONAL INTERVIEW

Date _____ Interviewed by _____

Remarks _____
