



JASPER CITY SCHOOLS

P.O. BOX 500

JASPER, ALABAMA 35502

PHONE: (205) 384-6880

SUPPORT POSITION

Date: _____

Application for position of _____

INSTRUCTIONS: The applicant should exercise great care in preparing this form. Do not omit any item. Fill in the application in your own handwriting. Your application will be kept in the active file for one year. If you desire for it to remain active for a longer period, you should contact this office and update the application by February 1st of each calendar year.

It is the policy of the Jasper City Board of Education that applicants for positions will be selected on the basis of qualifications, merit, and ability. Jasper City Schools does not discriminate on the basis of age, race, color, sex, sexual orientation, religious preference, marital status, disability, national origin, or any other reason prohibited by state or federal law. Employees of the District are required to comply with the provisions of Title VII of the Civil Right Act and Title IX of the 1972 Educational Amendments.

New employees are required to provide a Social Security number, an unexpired identity document that contains a photograph, and other acceptable documents that establish employment eligibility. Inquiries, complaints, or concerns regarding compliance with federal regulations may be directed to Jonathan Allen, Title IX Coordinator and Cathy Edgil, Section 504 Coordinator 205-384-6880 or by mail at 110 17th Street W. Jasper, Al 35501.

1. Personal Information:

NAME _____
(Please Print) Last First Middle

ADDRESS _____
Street City State Zip

DATE OF BIRTH _____

HOME PHONE _____ CELL PHONE _____

E-MAIL (optional) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

IF YES, EXPLAIN

NOW EMPLOYED? YES ___ NO ___ WHERE? _____

POSITION _____ WHEN CAN YOU BEGIN WORK? _____

RECENT PHOTOGRAPH (Optional)

2. WORK EXPERIENCE:

List 3 former employers.

1.	Employer	City	State	Phone	Supervisor
Your Job Title		Dates of Employment		Reason for Leaving	
2.	Employer	City	State	Phone	Supervisor
Your Job Title		Dates of Employment		Reason for Leaving	
3.	Employer	City	State	Phone	Supervisor
Your Job Title		Dates of Employment		Reason for Leaving	

3. PERSONAL REFERENCES:

List at least 3 references. **Include a letter from each.**

	Name	Address	Phone Number	Relationship to Applicant
1.	_____			
2.	_____			
3.	_____			

**** You may add other references on back page.

Please sign and date this section thereby giving permission for district personnel to contact references that have been listed and any other references that might be pertinent to the position.

Applicant Signature

Date

4. EDUCATIONAL EXPERIENCE

A copy of your high school diploma or GED is required or preferred for all support applications (refer to job description for custodian, secretarial, lunchroom, and bus driver). For LPN/RN applications, a copy of your current nurse license is required.

For General Aide applications, a copy of your transcripts from an accredited college showing two (2) years Associates Degree or successful completion of WorkKeys Assessment.

High School	City	State	Last Year Attended	Date Graduated
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College or Technical School	City	State	Last Year Attended	Date Graduated
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List Other Training Below:

5. OFFICE EQUIPMENT SKILLS: (Clerks, Secretaries, General Aides)

Please indicate below any office equipment experience you may have and list your proficiency.

6. Please include a handwritten description of your abilities and why you think you would be the best person for this job.
