

APPLICATION FOR EMPLOYMENT CERTIFIED PERSONNEL

Guntersville City Schools
P.O. Box 129
Guntersville, Alabama
Phone (256) 582-3159 Fax (256) 582-6158
www.guntersvilleboe.com

Please Attach Photo Here (Optional)

Completed application file must include the following official transcripts; three letters of recommendation; copy of teaching certificate or official letter from college or university; proof of S.D.E. background clearance.

| Name | | | | Date | | |
|----------------------------|---------------------------------|-----------------------------|---------------------|-----------------------|---------------|--|
| Last | First | | Middle/Maiden | | | |
| Present Address | (Street or P.O. Box) | (C:h.) | (Zip) | Valid unti | Valid until | |
| | | | | | | |
| Present Telephone Num | ber | Alternate Teler | ohone number | | | |
| Social Security Number | | e-mail: | | | | |
| State any health problen | ns related to the performance o | of duties in the assignment | ent area | | | |
| Position for Which You A | Are Applying | | Grade Level Prefere | ence | | |
| Kind of certificate held _ | Admin/Elem/Sec/Early | / Childhood/etc. | Date Issued | Issued By | _ Issued By | |
| Secondary Areas of End | lorsement – Semester hours _ | - End. Hrs. | End. Hrs. | End. Hrs. | End. Hrs. | |
| | | | | | | |
| Deemed "Highly Qualifie | ed" (using AL Model/NCLB Req | uirements) in this subje | ct area? | | | |
| Plans for graduate work | | | | | | |
| Are you now under conti | ract? If Yes, unti | l what date? | | | | |
| EDUCATIONAL PRO | FESSIONAL TRAINING | | | | | |
| | Name of School | Area of Study | Degree | Year of Graduation | Date Attended | |
| High School | | | | | | |
| College | | Major Minor | | | | |
| University | | <u>Major</u> Minor | | | | |
| Graduate Work Majo | | Major Minor | | | | |
| | | | | | | |
| Date | | | Signature | | | |

It is the policy of the Guntersville City School System that no person shall be denied employment, be excluded from participation in, be denied the benefits of, or subjected to discrimination in any program or activity on the basis of sex, race, religion, handicap, belief, national origin, age, or ethnic group.

| Institution and Address | Grade/Subject Taught or Position Held | Date From - To | No. of Years | No. of Employees | Reason for Leavin |
|------------------------------------|---------------------------------------|---------------------|-----------------|----------------------|----------------------|
| monatori ana 7 taaress | or resident reid | 110111 10 | rouis | Limpleyees | Treason for Leavin |
| | | | | | |
| | | | | | |
| UDENT TEACHING | | | | | |
| Name of School or Institution | Address | Date From - | | Supervisor | Position |
| | | | | | |
| | | | | | |
| HER WORK EXPERIENCE | | | | | |
| Name of School or Institution | Address | Date From - | | Supervisor | Position |
| | | | | | |
| | | | | | |
| | | | | | |
| ERENCES - These should be p | ersons qualified to answer quest | ions concerning you | ur qualificatio | ons for the position | n you seek. |
| FERENCES - These should be p | persons qualified to answer quest | | ur qualificatio | | n you seek. dress |
| | | | ur qualificatio | | |
| | | | ur qualificatio | | |
| | | | ur qualificatio | | |
| | | | ur qualificatio | | |
| DITIONAL REMARKS - Please in | Positi | on | about yourse | Add | dress |
| Name | Positi | on | about yourse | Add | dress |
| Name Name | Positi | on | about yourse | Add | dress |
| Name DITIONAL REMARKS - Please in | Positi | on | about yourse | Add | dress |

AWARDS – Please list special recognition or awards you have received.

| In your own handwriting, state your basic educational philosophy. (Use paragraph form) | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| List by priority your greatest strengths as a teacher/administrator. | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| List your professional improvement goals. | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| State briefly why you desire this position. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Underscore any of the following which you are able and willing to coach or direct successfully: | | | | |
| Debate, drama, oratory, orchestra, choir, string music, piano, annual, journalism, football, basketball, track, golf, tennis, wrestling cross country, gymnastics, art, baseball, volleyball, soccer, cheerleading, and academic competition teams. | | | | |
| Name any others: | | | | |

APPLICANT - Do not write on this page

| Interviewer | Date | Comments | | | |
|--|--------------|---|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| RESULTS OF REFERE | NCE CHECK | RESULTS OF TRANSCRIPT CHECK | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | FOLLOW-U | JP INFORMATION | | | |
| Principal shall notify applicant or principal to record all follow-up in | | t the earliest possible date. It shall be the responsibility of the | | | |
| (Applicants, Do Not Write in the | Space Below) | | | | |
| References mailed | | | | | |
| Acknowledge Receipt of Referen | nces Mailed | | | | |
| Acknowledge Receipt of Applica | tion | | | | |
| Date of Interview Assignment | | | | | |
| Date of Employment | | | | | |
| | | | | | |

GUNTERSVILLE CITY BOARD OF EDUCATION

P O. Box 129 Guntersville, AL 35976 Telephone (256) 582-3159 www.guntersville.com OFFICE HOURS
Monday - Friday / 7:30 -4:00
SUMMER HOURS
Monday - Thursday / 7:00 -4:30