WASHINGTON COUNTY BOARD OF EDUCATION
P. O. BOX 1359 – 229 GRANADE AVENUE
CHATOM, AL 36518
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 office.)

Present Address _____

Street, P. O. Box, Apt. #

_____ _____

City State Zip Code Phone

Permanent Address _____

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:

___Early Childhood (Grades:_____)

___Elementary (Grades:_____)

___Secondary (Subject:_____)

___Special Education (Areas:_____)

___Psychometrist (Grades:_____)

___Counselor (Grades:_____)

___Media Specialist (Grades:_____)

___Administrator _____

___Transportation Director:_____

___Other:_____

The Washington 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 From	To	Degree Granted	Major

*Official Transcript and resume required prior to signing a contract.

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II. STUDENT TEACHING:

Name of School	Supervising Teacher	Dates	Subject and Grade Levels

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III. PROFESSIONAL EXPERIENCE:

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

Total Years Teaching Experience_____

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IV. CERTIFICATION

Do you presently hold a valid Alabama Teaching Certificate? _____ If so, please 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

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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 PROFESSIONAL DATA:

Are you currently employed? _____

If yes have you resigned your present position? _____

If now employed, why are you considering leaving you present position? _____

If not 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 interest 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? **Yes No**
(A conviction record would not necessarily be a bar to employment.)

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

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Do you meet Alabama Standards for Highly Qualified Status? _____

In what areas are you Highly Qualified? _____

Provide documentation.

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

Name	**School or Location**	**Area Code/Phone Number**
Position	**Street Address**	**City/State/Zip**
Name	**School or Location**	**Area Code/Phone Number**
Position	**Street Address**	**City/State/Zip**
Name	**School or Location**	**Area Code/Phone Number**
Position	**Street Address**	**City/State/Zip**
Name	**School or Location**	**Area Code/Phone Number**
Position	**Street Address**	**City/State/Zip**

VIII. WRITING SAMPLE:

<u>In your handwriting</u>, use the space below to give any further information in support of your application. (Write at least two paragraphs.)

By filing an application for employment with the Washington County Board of Education, I authorize full investigation of the information given in this application and consent for the representatives of the Board to contact my references, previous employers, physicians, hospitals, school 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** _____

Personal Data

(To be completed after employment)

Date of Birth: _____ **Place of Birth:** _____

Race: _____ **Sex:** _____ **Height:** _____ **Weight:** _____

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FOR USE BY THE WASHINGTON COUNTY BOARD OF EDUCATION

Personal Interview

Date: _____ **Time:** _____ **Interviewer:** _____

Remarks:

_____

_____

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