Boaz City Schools

Summer Support Staff Application

General Information

First Name: **Middle Name:** **Last Name:**

Mailing Address: **Phone:**

SSN:

Have you previously been employed by BCS? Yes No **Grade Level:**

References

Name	Position	Phone

Signature

Signature: **Date:**

Note: Any false information knowingly given on this application is grounds for dismissal

It is the policy of Boaz City Schools 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, age, disability, religion, belief, national origin or color in its programs and activities.