

OXFORD CITY SCHOOLS SUBSTITUTE APPLICATION

DATE: _____

POSITION: PLEASE CHECK ALL THAT APPLY

☐ AIDE	☐ LUNCHROOM	☐ JANITORIAL
☐ BUS DRIVER	☐ NURSE	☐ TEACHER AIDE
☐ EXTENDED DAY	☐ OFFICE	☐ TEACHER

NAME: _____

(As it appears on your Social Security Card)

ADDRESS: _____

_____ Zip _____

TELEPHONE: _____ SOCIAL SECURITY # _____

EMAIL ADDRESS: _____

PLEASE SPECIFY THE FOLLOWING:

Days available to work:
Please check all that apply.

☐ Mon ☐ Tues ☐ Wed
☐ Thus ☐ Fri

Schools preferred: Please check all that apply.

☐ Coldwater ☐ DeArmanville ☐ Oxford Elementary
☐ C.E. Hanna ☐ Oxford Middle ☐ Oxford High

EDUCATION:

HIGH SCHOOL: _____ YEAR GRADUATED: _____

COLLEGE/UNIVERSITY: _____ YEAR GRADUATED: _____

COLLEGE MAJOR: _____

CERTIFICATION/LICENSE:

ALABAMA TEACHING CERTIFICATE: YES _____ NO _____ EXPIRATION: _____

ALABAMA SUBSTITUTE LICENSE: YES _____ NO _____ EXPIRATION: _____

YEARS TEACHING EXPERIENCE: _____ YEARS SUBSTITUTE TEACHING EXPERIENCE _____

EMPLOYMENT RECORD: List employment experience beginning with the most recent. A resume will not substitute for this information.

Employer Name and Telephone Number

Job Title

Date of Employment

1. _____

2. _____

3. _____

PERSONAL REFERENCES:

Name and Address

Telephone Number

1. _____
2. _____
3. _____

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation? ____YES ____NO

If you answer "YES", please provide details: _____

Note: A conviction record will not necessarily be a barrier to employment. Age and time of offense, as well as the seriousness and nature of the violation, will be taken into consideration.

I hereby certify that all the information I have provided in this application is true and correct. I give my permission for the Oxford City Schools to contact any references or prior employers given in conjunction with this application. I agree that falsification of any part of this application may be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me.

Signature of Applicant: _____ Date: _____

It is the policy of the Oxford City Board of Education that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity or employment. The Oxford City Board of Education provides equal access to the Boy Scouts and other designated youth groups

The following items are required:

Drug test results

Tuberculin test results

Background clearance from Alabama State Department of Education

Valid Substitute License (for classroom substitutes)

Copy of Drivers License and Social Security Card

Voided Check for Direct Deposit

Proof of High School Graduation or GED

Please return application to:

Oxford Board of Education

Human Resources

PO Box 7670

Oxford, Alabama 36203

Phone: 256-241-3410 Fax 256-241-3938

Website: www.oxfordcityschools.com

OCS OFFICE USE ONLY:

EMPLOYEE NUMBER: _____ **DATE ENTERED:** _____

☐ NEXTGEN

☐ E-VERIFIED

☐ PAYROLL FOLDER

COMMENTS: _____

