## Franklin County Schools

## P.O. Box 610 500 Coffee Avenue NE Russellville, Alabama 35653 (256) 332-1360 Fax (256) 331-0069

## Application for Employment Support Personnel

PERSONAL DATA

Name:

\*\*Please attach a copy of your resume and college transcripts (if applicable)

Date:

Mailing Address:							
City:		State:	Zip Code:				
(CELL) Telephone Number(s) (HOME)			Social Sec. No:				
E-Ma	E-Mail Address:						
	POSITION FOR W						
		tary	□ Bus Driver				
	□ Cafeteria Worker □ Custodian □ Other (please specify)						
<u> </u>	ner (prease specify)						
	T.	DUCATION					
		DUCATION					
L	School:		Location:				
High	Dates Attended:		Year of Graduation:				
ıate	College:		Location:				
gradı	Major(s):		Minor:				
Undergraduate	Dates Attended:		Degree:				
	College:		Location:				
Technical	Major(s):		Minor:				
	Dates Attended:		Degree:				

EMPLOYI	MENT EXPERIEN	ICE
NAME OF EMPLOYER:		Telephone:
Address:		
Position:	From (Mo/Yr):	To (Mo/Yr):
Duties:	l	
Reason for Leaving:		
NAME OF EMPLOYER:		Telephone:
Address:		
Position:	From (Mo/Yr):	To (Mo/Yr):
Duties:	l	
Reason for Leaving:		
NAME OF EMPLOYER:		Telephone:
Address:		
Position:	From (Mo/Yr):	To (Mo/Yr):
Duties:		
Reason for Leaving:		
NAME OF EMPLOYER:	Telephone:	
Address:		
Position:	From (Mo/Yr):	To (Mo/Yr):
Duties:	I	
Reason for Leaving:		

	REFERENCES	
Name/Position	Mailing Address	Telephone No.

PREPARATION FOR POSITION
Indicate in the space below how your education and/or work experience serves to qualify you for
the position for which you have applied. Completion of this section is required.
PLEASE LIST SPECIAL TRAINING OR SKILLS (LANGUAGES, COMPUTER, EQUIPMENT OPERATION) THAT WOULD QUALIFY YOU FOR THE JOB FOR WHICH YOU ARE APPLYING:
ATLING.
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OFFENSE INVOLVING
MORAL TURPITUDE?   YES  NO SHE THE DATE AND EXPLAIN THE NATURE OF EACH CONVICTION
IF "YES", GIVE THE DATE AND EXPLAIN THE NATURE OF EACH CONVICTION.
HAVE YOU EVER FAILED TO BE RE-HIRED? □ YES □ NO IF "YES", PLEASE EXPLAIN.

EXPLAIN.
It is the official policy of the Franklin County Board of Education that no person shall, on the grounds of race, color, disability, sex, religion, national origin or age, be denied employment or be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity. If you need reasonable accommodations in completing this application due to a disability as defined by the Americans with Disabilities Act of 1990, please contact the Superintendent's Office at 500 Coffee Avenue NE, Russellville, Alabama 35653.
I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ALL ACCOMPANYING ATTACHMENTS, IF ANY) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT OR MISREPRESENTATION OF FACT IN THIS APPLICATION CONSTITUTES SUFFICIENT GROUNDS FOR CANCELLATION OF EMPLOYMENT OR REMOVAL FROM THE APPLICATION PROCESS.  I AUTHORIZE PERSONS, SCHOOLS, CURRENT AND PREVIOUS EMPLOYERS AND ORGANIZATIONS NAMES IN THIS APPLICATION TO PROVIDE FRANKLIN COUNTY SCHOOLS WITH ANY RELEVANT INFORMATION THAT MAY BE REQUIRED TO ARRIVE AT AN EMPLOYMENT DECISION.
SIGNATURE: DATE:

\*\*\* THIS EMPLOYER PARTICIPATES IN E-VERIFY \*\*\*