

Today's Date: _____



Certified Employment Application
Attalla City Schools

101 Case Avenue, Attalla, AL 35954
Phone: (256) 538-8051 Fax: (256) 538-8388
www.attalla.k12.al.us

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. Please answer all questions completely and accurately. False or misleading statements on this form or during an interview will result in the termination of the application process or if discovered after employment, will be grounds for termination of employment.

Name: _____
Last First Middle/Maiden

Social Security Number: _____ Email Address _____

Address: _____
Street City State Zip

Home/Cell Number: _____ Date of Birth _____

Are you currently under contract? Yes No If yes, until what date? _____

Have you ever had a background check by the Alabama Department of Education? Yes No

Have you ever had a teaching certificate or other professional certificate revoked? Yes No

Have you ever been discharged from any position? Yes No

If yes, when and where? _____

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

Position Desired

PreK/Kindergarten Teacher Elementary Teacher Middle School Teacher HighSchool Teacher

Administrator Other _____

Certification
Complete this section only if an Alabama Certificate has been issued.

Which of the following certifications do you hold?

Early Childhood Elementary Secondary-Content Area _____
 Special Education Instructional Leadership Physical Education Library Media
 Other _____

Alabama Certificate: Class B Class A Class AA Other _____

Date Issued _____ Expiration Date _____

Any changes to certification by next September? Yes No Explain _____

If a certificate has not been issued, have you applied for certification? Yes No

Have you passed the appropriate certification test(s)? Yes No NA

Education			
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College/University	Area of Study	Degree	Year of Graduation

Work Experience				
For payroll purposes, ALL teaching experience must be listed. Use a separate sheet if necessary.				
Date (Month/Year)	Name and Address of Employer	Type of Work	Number of Years	Reason for Leaving

May we contact your employer? Yes No

References		
Name	Position	Phone Number

Optional: Please include an additional sheet with any other relevant information about yourself which may enhance your opportunities for employment. Feel free to attach a resume to your completed application.

It is the official policy of the Attalla City Schools 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.

Signature of Applicant _____ Date _____
By typing your name in the signature line or adding your handwritten signature, you agree that all statements you provided are true

Upon completion, please email your completed application to certified@attalla.k12.al.us, or bring it to Attalla City Schools Board of Education, 101 Case Avenue, Attalla, AL 35954.

Applications will be kept on file for three years. You are welcome to update it at any time.



Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, martial or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities, including the after hire use of E-Verify to confirm U.S. employment Eligibility.

All school system employees are subject to a criminal background check. By filing this application for employment, I give consent to the representative of the Attalla City Schools to contact references, previous employers, school attended, court officials, and law enforcement Authorities.

I understand that any misstatement or omission of any information requested shall be a reason for nonrenewal of contract or dismissal from employment.

The application, transcript, references and any other application information are the property of the Attalla City Schools and will not be returned to the applicant. This application remains in the active file for three (3) years. If you would like to maintain active status after three (3) years, contact Sarah Maroney at (256)538-8051.

Applicant Signature

Date

Typing your name in the signature line or adding your handwritten signature acknowledges your agreement to a background check.

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Discrimination Contacts:

Jennifer Jones, Title IX, (256) 538-8051

Dr. Stephen Hall, 504, (256) 538-8051