

## ***Application Form — Certified Personnel***



### **Greene County Board of Education**

220 Main Street  
Eutaw, Alabama 35462  
Phone (205) 372-3109  
Fax (205) 372-3247

#### **PLEASE SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION**

- Current Resume
- A copy of your Social Security Card
- A copy of your valid Alabama Teacher's Certificate  
Or  
A statement from a college of university with official seal and signature(s) verifying submission of application to the Alabama State Department of Education for Professional Certificate.
- Official College Transcript (Undergraduate and Graduate)
- Three letters of Recommendation
- Tuberculosis Test
- Three Reference Sheet (Enclosed)
  - ◆ Beginning Teacher (*Professor, Supervisor, and Critic Teacher of Student Teaching*)
  - ◆ Experienced Teacher (*Former Principal, Superintendent and Supervisor*)

The Greene County Board of Education is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex religion or national origin.

Date \_\_\_\_\_

Specific Position Desired \_\_\_\_\_

Major(s) \_\_\_\_\_

Major(s) \_\_\_\_\_

**SECTION I — PERSONAL DATA**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Other names under which records may be listed \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Telephone No. \_\_\_\_\_ Permanent Telephone No. \_\_\_\_\_

American Citizen:  Yes  No Sex:  Female  Male

When Could You Begin Work Here? \_\_\_\_\_

State any physical impairments or any chronic or controlled disorder that would effectively prevent your successful completion of work assignments. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, what was the nature of the crime?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If so explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe briefly the nature of any reprimand(s) or suspension(s) during your employment history.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated or asked to resign from a position? \_\_\_\_\_ If so explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **ADDITIONAL PERSONNEL INFORMATION**

The following questions are designed to allow applicants to provide additional information for employment purposes. One paragraph per question is suggested. Please use a separate sheet to provide handwritten answers.

1. What is your philosophy of working with students who may be culturally and emotionally deprived?
2. What do you want to know about your students?
3. What personal qualities do you feel you possess that would make you the better applicant for the job?

## SECTION IV — EMPLOYMENT RECORD

**TEACHING EXPERIENCE** *(please list most recent position first)*

Name and Location of School	Dates		Grade/Subject Taught	Supervisor/Principal	Reason for Leaving
	From	To			

Total years of teaching experience: \_\_\_\_\_

**WORK EXPERIENCE OTHER THAN TEACHING** *(please list most recent position first)*

Name of Employer	Dates		Address	Nature of Work	Reason for Leaving
	From	To			

## SECTION V – MILITARY SERVICE

Military Service:     Yes     No         Dates \_\_\_\_\_

Branch \_\_\_\_\_      Years of Experience \_\_\_\_\_

Rank \_\_\_\_\_

## SECTION VI — REFERENCES

List the names and complete addresses and telephone numbers of three (3) references. Persons listed as reference should be qualified to answer questions concerning your qualifications for the position you seek (do not include neighbors, friends, or relatives). These references are to be sent to the Superintendent's Office.

Name	Address	Position/ Organization	Phone Number

## SECTION VII — CO-CURRICULUM ACTIVITIES

Check all of the following that you are able to direct or coach successfully:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cheerleading           | <input type="checkbox"/> Instrumental Music/Chorus | <input type="checkbox"/> Debates  |
| <input type="checkbox"/> Oratorical Contests(s) | <input type="checkbox"/> Clubs                     | <input type="checkbox"/> Football   |
| <input type="checkbox"/> Basketball             | <input type="checkbox"/> Track                     | <input type="checkbox"/> Volleyball   |
| <input type="checkbox"/> Can Sing               | <input type="checkbox"/> Can Teach Art             | <input type="checkbox"/> Other _____<br><span style="display: block; text-align: right; font-size: small;">Specify</span> |

## SECTION VIII — ORGANIZATIONS/SOCIETIES/VOLUNTEER SERVICES TO THE COMMUNITY

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**SECTION IX - PHYSICAL RECORD**

What has been the condition of your health for the past two years? \_\_\_\_\_

In the last twelve months, how many days have you been absent from work? \_\_\_\_\_

Do you have home obligations or other duties which might interfere with your accepting any assignments, or which would prevent your attendance at meetings outside of regular school hours?

No       Yes    If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION X - EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

By signing this form, I authorize the School District to verify all information in this application, to check references, and make additional investigations as appropriate. I hereby certify that the above statements are true and complete to the best of my knowledge and understand that failure to disclose information requested on this form or falsification of statements and facts may be sufficient reason to disqualify me for employment or cause for my dismissal. Further, I agree that, if employed, I will abide by the policies and regulations of the Board.

Your application will remain in the active file for a period of not less than 24 months from the date of submission.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

## SECTION II – EDUCATION

	Name and Location of School	Dates Attended		Degree Earned	Major Field of Endorsement	Other Endorsement
		From	To			
High School						
**College (Undergraduate)						
**College (Graduate)						
Other						

**\*\*Please provide proof**

List honors/awards you have received. \_\_\_\_\_  
 \_\_\_\_\_

### **STUDENT TEACHING EXPERIENCE**

Name and Location of School	Dates		Grade/Subject Taught	Supervisor/Principal
	From	To		

## SECTION III – CERTIFICATION

Do you presently hold a valid Alabama Teaching Certificate?  Yes  No  
 If yes, please complete the following for certificate.

Type	Rank	Endorsements	Area Certification
If no, have you applied for certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effective January 1, 2003, all prospective teachers must meet the requirements of the Alabama Prospective Teacher Testing Program (APTTP). Do you meet these requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In accordance with Section 119 (High Qualified Teacher) of the NCLB Act of 2001, do you meet the criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No			