APPLICATION FOR SUMMER EMPLOYMENT - CLASSIFIED



Sheffield City Schools

300 West Sixth Street Sheffield, Alabama 35660 256-383-0400 scs@scs.k12.al.us

The Place to Be

SECTION I - GENERAL INFORMATION

NOTES TO APPLICANT: (Current employees need only to email job interest to Shannon Uptain.)

- 1. In order for us to consider your application for employment, we must have the information requested.
- 2. Print or type all information.
- 3. **Unofficial copies of transcripts must be submitted with the initial application.** However, official transcripts are required prior to signing a contract for employment.
- 4. **Resumes** may be submitted with the application, but all requested information must be provided on this application form.
- 5. You must sign application (See last page).
- 6. This application will be kept on file for one year. At the end of this period, the application will be considered inactive unless renewal is requested in writing.
- 7. Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

AMELAST	FIRST	MIDDLE
DECENT ADDRESS		
RESENT ADDRESS	STREET	
		()
CITY	STATE	ZIP CODE PHONE
OCIAL SECURITY NUMBER	Are you a citi	zen of the United States? □YES □N
ATE OF APPLICATION	DATE AVAILABLE FOR	EMPLOYMENT
ECTION II - POSITION D	ESIRED	
		nent. For Office Use Only
ndicate grades/subjects/positions for which	n you are certified and/or desire employm	ICIIL.
ndicate grades/subjects/positions for which	n you are certified and/or desire employm	ICIIL.
ndicate grades/subjects/positions for which	n you are certified and/or desire employm	ICIIL.
ndicate grades/subjects/positions for which	n you are certified and/or desire employm	ICIIL.
SECTION II - POSITION D ndicate grades/subjects/positions for which List Desired Summer Position(s) on the	n you are certified and/or desire employm	ICIIL.

SECTION III — EDUCATIONAL & OTHER EXPERIENCE

Report in chronological order, beginning with most recent position, all full-time teaching and administrative experience including teaching in accredited colleges. Report work as a substitute teacher under "Other Work Experience". Continuous experience in one school should be reported on one line.

SCHOOL OR INSTITUTION		TEACHING/JOB ASSIGNMENT			DATES FROM/TO	NO. YE	RS.	SUPERVISOR	
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MILITARY CERVICE					L				
MILITARY SERVICE		DATES FROM/TO			HIGHEST RANK		TY	PE OF D	DISCHARGE
OTHER WORK EXP	ERI	ENCE							
EMPLOYER	+	JOB TITLE			DDRESS	DATE	DATES FROM/TO		SUPERVISOR
	+		_			+			
ECTION IV - PRO	FE	SSIONAL PRI	EP.	ARATI	ON				
NAME OF SCHOOL		CITY/STATE			DATES FROM/TO	CREE	OIT OR DEG	REE	MAJOR SUBJECT
GH SCHOOL									
DLLEGE	_							\rightarrow	
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THER EDUCATION									
								\dashv	
STUDENT TEACHIN	G -	— Will you complete o	r ha	ve you con	npleted student to	eachin	g? 🗆 YES	6 0	NO If yes:
SCHOOL NAME AN	D ADD	RESS		DATES FF		UBJECT (SUPER	NAME OF RVISING TEACHER
If student teaching has occu	rred	within the last 3 years.	prov	vide mailin	g address or pho	ne nur	nber of s	ирегу	ising teacher(s
& college supervisor(s):			•		·			-	- '

SECTION V — CERTIFICATION

1. [Do you presently hold a v	alid teaching certific	cate?	☐ Yes ☐ No	If Yes:			
STA	TE CLASS	CERTIFICATION		EXPIRATION DATE	TEA	ACHER NUMBER	GRADE LEVEL	
			_					
			-					
2. A	re you Highly Qualified i	n the field for which	vou are	applying?				
	Yes No If Yes, P		-					
3. If	none of the above certif	icates are valid in th	e State	of Alabama, have	you appli	ed for an Alabama tea	aching certificate?	?
	Yes 🗆 No If Yes:							
	DATE APPLIED					CERTIFICATION		
FCT	ION VI — PER	SONAL AN	D P	ROFESSIO	NAL	DATA		
	tate reason for leaving							
	ave you acquired tenure chool system(s) and date		ama pul	blic school systen	n? LI YES	S UNO If yes, list	the name(s) of t	ne
0.	orroot by otom (b) and date							
3. In	the last twelve months	s, how many days y	vere voi	u absent from wo	rk?			
	re you presently under						system, location	n and
		contract with any o	iller su	noor system:	ilo u	ii yes, name	system, rocation	Tunu
	ate contract expires:							
5. Li	ist any special honors o	r distinctions you re	eceived	in college or in y	our profe	ession:		
-								
6. Li	st professional clubs or	organizations of w	hich yo	u are a member (you may (exclude those of a rac	ial or religious na	iture):
7 1:	st any special interests	or hobbies:						
7. L	st any special interests	or riobbies.						
8. C	heck any of the following	ig which you are qu	ualified :	and willing to dire	ect or coa	ach:		
	Band	☐ Chorus		Football		☐ School Newspap		
	Baseball	☐ Clubs		1 Golf		Soccer	□ Volleyball	
	Basketball	DebateDramatics		3 Orchestra 3 Playground Acti	uitiaa	□ Swimming □ Tennis	☐ Yearbook☐ Other (lis	
	Cheerleading Sponsor	G Dramatics		a Flayground Acti	vities	a rennis	d Other (iis	t below)
9 Н	AVE YOU EVER (each q	uestion must he an	swered	y:				
Α.	. Failed to have a contra	ict renewed with a	school	system?			YES	□ NO
В.	. Broken a contract with	a school system?					YES	□ NO
	Been dismissed from e							□ NO
	. Had a teaching creden							□ NO
E.	Pled guilty or been con						YES	□ NO
E	(A conviction would no Received an unsatisfac	tory performance e	anny an valuatio	applicant from 8	nployme ver?	111)	□ YES	□ NO
	. Received a dishonorab							□ NO
	Been placed on discipl							□ NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, YOU MUST ATTACH AN EXPLANATION.

SECTION VII — REFERENCES

YOUR APPLICATION CANNOT RE GIVEN PROPER CONSIDERATION WITHOUT FULL NAMES

	70077	STREET ADDR	RESSES, CITIES, STATES,	ZIP	CODES AND TO	ELEPHONE NUMBE	RS.	,20,
Do	you have a pla	cement files?	□ YES □ NO					
	u must request th en if you have a p		ent file be forwarded to this	offi	ce if you are a beq	ginning teacher. Pleas	e inclu	ude references
Ind	clude principals ar	nd supervisors	d be qualified to answer quunder whom you have taughessors. Do not include neighl	t. If	f you are a beginn	ing teacher include co		
	REFEREN	CE		_	PROFESSIONAL AD	INDEES		_
\vdash	NAME	GE	SCHOOL OR LOCATION		THOPESSIONAL AD	DRESS	TELEPHO	ONE
			1				1	١
1	POSITION		STREET ADDRESS			CITY/STATE/ZIP CODE	[1	1
\vdash	NAME		SCHOOL OR LOCATION				TELEPHI	ONE
							1	1
2	POSITION		STREET ADDRESS			CITY/STATE/ZIP CODE	1,	1
\vdash	NAME		SCHOOL OR LOCATION				TELEPH	ONE
	HAME		SCHOOL ON LOCATION				/	\ \
3						CITY/STATE/ZIP CODE]()
	POSITION		STREET ADDRESS			CITY/STATE/2/P CODE		
\vdash	NAME		SCHOOL OR LOCATION				TELEPH	ONE
П							1	1
4	POSITION		STREET ADDRESS			CITY/STATE/ZIP CODE	11	1
By giv pro to of	filing application yen in this applica evious employers, abide by all polici any information r	for employment ation and conse physicians, ho es as set forth equested shall ascript, referen	PLICANT SIGNAT Int with the Sheffield City Both to the representatives of spitals, schools attended, comby the Sheffield City Board of the a reason for non-employed ces, and other data are the	ard the urt of E	of Education. I a e Sheffield City B officials, and law ducation. I also un t or dismissal from	uthorize full investiga oard of Education cor enforcement authoriti nderstand that any mi n employment.	ntactin es. If e sstatei	g my references employed, I agree ment or omissior
						D.A.T		
AF	PLICANT'S SIGN	ATURE				DA1	E	
			SPACE RESERVED FOR I	JSE	BY SCHOOL OFFICIA	ALS		
	DATE		INTERVIEWER		DATE	INTERV	IEWER	
1				6				

	SPACE RESERVED FOR USE BY SCHOOL OFFICIALS							
	DATE	INTERVIEWER		DATE	INTERVIEWER			
1			6					
2			7					
3			8					
4			9					
5			10					