

EMPLOYMENT APPLICATION SUPPORT PERSONNEL



SCOTTSBORO CITY SCHOOLS
305 South Scott Street
Scottsboro, AL 35768
Telephone (256) 218-2100
Fax (256) 218-2190

For Personnel Use Only

_____ HS Diploma, GED, or Degree
_____ 3 Reference Forms
_____ Background Clearance

(Please print plainly or type)

NAME _____ EMAIL _____

ADDRESS _____
Street City State Zip

TELEPHONE _____ SOCIAL SECURITY NUMBER _____

If applying for paraprofessional position (instructional assistant / teacher's aide), have you completed all 3 portions of the WorkKeys assessment or can you provide an official transcript with successful completion of at least 48 semester hours of college credit?

- I've completed all 3 portions of the WorkKeys Assessment: Yes _____ No _____
- I've completed at least 48 semester hours of college credit: Yes _____ No _____

Have you received background clearance from the Alabama Department of Education? Yes _____ No _____

If hired, can you provide official transcripts for your HS diploma, GED, or degree? Yes _____ No _____

Position(s) Applying For:

- | | |
|--|-------------------------------|
| _____ After-School Program | _____ Custodial / Maintenance |
| _____ Bus Driver / Bus Aide | _____ Interpreter |
| _____ Child Nutrition Program | _____ Nurse |
| _____ Classroom Assistant/Paraprofessional | _____ Technology |
| _____ Clerical/Secretary/Bookkeeper | _____ Other: _____ |

Desired Employment Status:

_____ Full-Time _____ Part-Time _____ Substitute

When are you available to begin working? _____

Are you a member or former member of TRS or RSA (Retirement Systems of Alabama)? Yes _____ No _____

Have you previously been employed with the Scottsboro City Board of Education? Yes _____ No _____

If yes, when? _____ What position? _____

EDUCATION/TRAINING

_____ Did you graduate?
High School Attended City State Yes No

_____ Did you graduate?
College / Technical School City State Yes No

_____ Did you graduate?
Other Formal Training City State Yes No

SCOTTSBORO CITY SCHOOLS IS AN EQUAL OPPORTUNITY EMPLOYER AND EMPLOYS WITHOUT REGARD TO AGE, RACE, RELIGION, COLOR, SEX, ETHNIC GROUP, HANDICAP, OR NATIONAL ORIGIN.

EMPLOYMENT RECORD (Beginning with most recent employment)

Employer / Company Name _____
 City, State _____ Employer Phone Number _____
 Start Date _____ End Date _____
 Name & Title of Your Supervisor _____
 Your Position Title There: _____
 Describe the Work You Performed _____

 Reason for Leaving _____

Employer / Company Name _____
 City, State _____ Employer Phone Number _____
 Start Date _____ End Date _____
 Name & Title of Your Supervisor _____
 Your Position Title There: _____
 Describe the Work You Performed _____

 Reason for Leaving _____

Employer / Company Name _____
 City, State _____ Employer Phone Number _____
 Start Date _____ End Date _____
 Name & Title of Your Supervisor _____
 Your Position Title There: _____
 Describe the Work You Performed _____

 Reason for Leaving _____

Employer / Company Name _____
 City, State _____ Employer Phone Number _____
 Start Date _____ End Date _____
 Name & Title of Your Supervisor _____
 Your Position Title There: _____
 Describe the Work You Performed _____

 Reason for Leaving _____

(attach additional copies of this page if necessary)

REFERENCES

Complete the information below for three references including previous employers, supervisors, or others **not related to you** who have knowledge of your qualifications and fitness for the position(s) for which you are applying. You will also need to send a reference form to each person below for them to complete.

Reference Name _____	Years Known _____
Reference Title / Position _____	
City, State _____	Phone Number _____
Email Address _____	
What is your relationship to this person? _____	

Reference Name _____	Years Known _____
Reference Title / Position _____	
City, State _____	Phone Number _____
Email Address _____	
What is your relationship to this person? _____	

Reference Name _____	Years Known _____
Reference Title / Position _____	
City, State _____	Phone Number _____
Email Address _____	
What is your relationship to this person? _____	

Bus Driver Applicants Only

Do you currently hold a valid Commercial Driver’s License?	Yes_____ No_____
Do you have a current School Bus Driver Certificate?	Yes_____ No_____
Do you have restrictions on your driver’s license?	Yes_____ No_____
	If yes, what? _____
Has your license ever been suspended or revoked?	Yes_____ No_____
	If yes, why? _____
	If yes, when? _____

List citations received for moving violations in the last five (5) years:

Type of Violation	Date
_____	_____
_____	_____
_____	_____

Circle types of vehicles you have driven and feel you are qualified to operate:

STRAIGHT SHIFT	Yes	No	PICK-UP	Yes	No
AUTOMATIC TRANSMISSION	Yes	No	HEAVY TRUCK	Yes	No
AIR BRAKES	Yes	No	PASSENGER CAR	Yes	No
SCHOOL BUS	Yes	No	OTHER _____		

WORK ELIGIBILITY

Please answer **yes** or **no** to each question below. If you answer 'Yes' to any of the questions below, please use the space provided to give a detailed explanation, including the date of the charge, the court action, and the address of the court involved. Although a 'Yes' answer may not disqualify you from consideration for employment, it may affect your suitability for an employment position.

1. Have you ever been convicted, pled guilty/no contest to any criminal offense other than minor traffic violations? (Examples of what should be reported include, but are not limited to, a felony, misdemeanor, or DUI) _____
2. Have you ever been under investigation or charged with any violation of the Alabama Code of Ethics or any similar professional inquiry? _____
3. Have you ever been investigated based on a report of child abuse or neglect or suspected child abuse or neglect by a state agency? _____
4. Have you ever had a report of child abuse or sexual activity involving a K through 12 student or other minor filed against you with a school district, a state or federal agency, a police agency, or in a court of law? _____
5. Have you ever had a professional certificate, credential, or license (of any kind) revoked or suspended, or have you been placed on probationary status for any alleged misconduct or violation of professional standards? Are there any pending adverse actions against you relating to a professional certificate, credential, or license? _____
6. Were you ever denied a professional license for which you applied, or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct? _____
7. Were you ever placed on leave by an employer or left employ prior to the end of an employment term? _____
8. Have you ever had a contract non-renewed, non-extended or been dismissed from employment or have you ever resigned in lieu of contract non-renewal, non-extension or termination of employment? _____

PERSONAL DATA

Please explain any yes answers to the above questions. You may use additional pages if necessary: _____

Please list any skills or certifications that you hold that are related to the position(s) for which you are applying:

With or without reasonable accommodation, are you able to perform the essential functions of the position for which you are applying? Yes _____ No _____

By signing this form, I authorize Scottsboro City Schools 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 my dismissal. Further, I agree that, if employed, I will abide by the policies and regulations of the board.

This application will be kept in active file for a period of three years. I understand that it is my responsibility to update this application each year on/or before the third anniversary of the filing date, otherwise it will become inactive and destroyed. I understand all information provided with this application and release all rights to retrieve it or any portion of its contents.

Date: _____ Signature of Applicant _____