

School Preference _____

Certificate _____

TB Skin Test _____

Rate of Pay _____



APPLICATION

Classified Personnel

Guntersville City Schools
P.O. Box 129
Guntersville, Alabama
Phone (256) 582-3159 Fax (256) 582-6158
www.guntersvilleboe.com

Please
Attach
Photo
Here
(Optional)

Name _____ Date _____

Present Address _____ Zip Code _____

Email Address _____ Cell Phone Number _____

Telephone Number _____ Social Security Number _____

Birthplace _____

Do you have any health problems which could affect your assignment if employed? Yes ____ No ____

If yes, explain: _____ Date of last physical exam _____

Position for Which You Are Applying _____

Are there any experiences, skills or qualifications which you feel would especially fit you for work with this school system? List:

List any machines you can operate that would be useful to the position for which you are applying.

If you are accepted for work, on what date will you be able to begin? _____

_____ Date

_____ Signature

It is the policy of the Guntersville City School System that no person shall be denied employment, be excluded from participation in, be denied the benefits of, or subjected to discrimination in any program or activity on the basis of sex, race, religion, handicap, belief, national origin, age, or ethnic group.

(Applicants do not write in the space below)

Date of interview _____

Assignment _____ Date of Employment _____

Education

School	Name & Address of School	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree	Year Attended
Elementary		5 6 7 8			
High		9 10 11 12			
College		1 2 3 4			
Other					

Employment Record

(Begin with present or most recent employer)

Name & Address of Company and Type of Business	From	TO	Describe Duties	Reason for Leaving	Supervisor

May we contact the employers listed above? _____ If not, please indicate those you do not wish us to contact and why _____

Personal References

Name and Occupation	Address	Telephone No.

Additional Remarks:
