

NON-CERTIFIED POSITION

Boaz City Schools
126 Newt Parker Drive
Boaz, AL 35957
Phone (256) 593-8180 Fax (256) 593-8181
Office Hours 7:30 a.m. – 4:00 p.m.

Indicate Position Applied For (check all that apply): Full Time Part-time **OR** Substitute (for these positions)

Other _____
 Clerical/Secretarial Lunchroom Custodian (Janitor/Maid)
 Instructional Aide Mechanic Bus Driver Maintenance

Name _____
First Middle Last

Address _____
Street or P.O. Box City State ZIP

Social Security # _____ Phone _____

Email _____

Have you had a background check, by State Department of Education, in past two years? Yes No

Have you ever been arrested, tried, or convicted for a felony charge: Yes No

If yes, explain _____

NOTE: Employment will only be final upon completion and/or results of background check.

Have you ever had a work related accident? Yes No If yes, explain _____

Do you have any impairment(s) physical or mental, which would interfere with you performing the essential duties of this job?
 Yes No If yes, explain _____

Are you under a doctor's care now? Yes No If yes, explain _____

BUS DRIVER AND BUS MECHANIC POSITIONS ONLY

Have you ever driven a school bus? Yes No If yes, number of years _____

Current Driver's License Number _____ CDL License # _____

Are you willing to take a physical examination? Yes No

Are you willing to undergo a drug test? Yes No

Do you have any restrictions on your driver's license? Yes No If yes, what? _____

Has your license been suspended or revoked? Yes No If yes, explain _____

LUNCHROOM ONLY (Current verification of tuberculin skin test must accompany this application)

List the schools in which you are willing to substitute and days you are available

TRAINING (list any special skills or qualifications, plumbing, carpentry, electrical, knowledge of computers, software, etc.)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

EDUCATION

High School _____ Year Graduated _____
 Name

GED _____ Year Obtained _____

	College Name and/or Advanced Training	Years Completed	Degree Earned
1.	_____	_____	_____
2.	_____	_____	_____

EMPLOYMENT RECORD FORMER EMPLOYERS (List below last four employers, starting with last one first)

Date Month and Year	Name and Address of Employer	Type of Work	No. of Years	Reason For Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

May Your Current Employer Be Contacted? _____

REFERENCES

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify the above to be true and I authorized the Boaz City School System to conduct a thorough background check including the release of any and all police records.

Signature of Applicant

Date

NOTE: Any false information knowingly given on this application is grounds for dismissal.
 It is the policy of the Boaz 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.