

NON-CERTIFIED POSITION

ALBERTVILLE CITY SCHOOLS
107 West Main St.
Albertville, AL 35950
Phone (256) 891-1183 Fax (256) 891-6303
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)
 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: _____

E-mail Address: _____

Have you had a background check by State Department of Education. Yes No

**NOTE: Employment will only be final upon completion and/or results of background check.
(Current verification of tuberculin skin test must accompany this application)**

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 _____

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.	_____	_____	_____

Signature of Applicant

Date

NOTE: Any false information knowingly given on this application is grounds for dismissal.

It is the policy of the Albertville 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, national origin, age or ethnic background. For information regarding the compliance of this statement you may contact Cynthia Green, Coordinator Title II, Dr. John Slivka, Coordinator 504 Mrs. Joyce Bishop, Director Title IX at 107 West Main Street, Albertville, AL 35950. Phone (256) 891-1183