

WORK EXPERIENCE

(List below the last four employers, starting with the last one first)

Date Month and Year	Name and Address of Employer	Type of work	Number of Years	Reason for Leaving

May Your Current Employer Be Contacted? Yes No

REFERENCES

These should be persons qualified to answer questions concerning your qualifications for the position you seek.
DO NOT include those related to you.

Name	Phone Number

Signature of Applicant

Date

**NOTE: Any false information knowingly given on this application is grounds for dismissal.
Application will stay on file for one year. Send updated resume` by May 15th of the following year if you wish your application to remain on file.**

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