

**WASHINGTON COUNTY BOARD OF EDUCATION**  
**P. O. BOX 1359 – 229 GRANADE AVENUE**  
**CHATOM, AL 36518**  
**Application Form-Teacher/Administrative**

**Date of Application** \_\_\_\_\_ **Date Available for Employment** \_\_\_\_\_

**Mr. Ms. Dr.** \_\_\_\_\_

**Last Name**                      **First Name**                      **Middle Name**  
(Give name used on Social Security Card. Use in all correspondence with office.)

**Present Address** \_\_\_\_\_

**Street, P. O. Box, Apt. #**

**City**                                      **State**                      **Zip Code**                      **Phone**

**Permanent Address** \_\_\_\_\_

**Street, P. O. Box, Apt. #**

**City**                                      **State**                      **Zip Code**                      **Phone**

**Social Security Number** \_\_\_\_\_ **Are you a U.S. Citizen** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_ **State:** \_\_\_\_\_

**POSITION DESIRED**

Indicate grades/subjects/positions for which you are certified and/or desire employment:

___ <b>Early Childhood (Grades: _____)</b>	___ <b>Counselor (Grades: _____)</b>
___ <b>Elementary (Grades: _____)</b>	___ <b>Media Specialist (Grades: _____)</b>
___ <b>Secondary (Subject: _____)</b>	___ <b>Administrator _____</b>
___ <b>Special Education (Areas: _____)</b>	___ <b>Transportation Director: _____</b>
___ <b>Psychometrist (Grades: _____)</b>	___ <b>Other: _____</b>

The Washington County Board of Education is an equal opportunity employer and does not discriminate in employment on the basis of religion, race, color, sex, national origin, creed, age, gender, marital status, pregnancy, disability, or any other basis prohibited by law.

**I. EDUCATIONAL AND PROFESSIONAL PREPARATION:\***

(Begin with high school and list in chronological order.)

Name of School	Location	Dates Attended		Degree Granted	Major
		From	To		

\*Official Transcript and resume required prior to signing a contract.

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**II. STUDENT TEACHING:**

Name of School	Supervising Teacher	Dates	Subject and Grade Levels

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**III. PROFESSIONAL EXPERIENCE:**

Name of School	System Name	Dates		Grade/Subject Assignment	Supervisor
		From	To		

Total Years Teaching Experience \_\_\_\_\_

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**IV. CERTIFICATION**

Do you presently hold a valid Alabama Teaching Certificate? \_\_\_\_\_ If so, please give:

Rank/Type	Field	Expiration Date	Endorsements

If you do not hold a current Alabama teaching certificate, have you made application for a certificate? \_\_\_\_\_ Date Applied: \_\_\_\_\_ Field: \_\_\_\_\_

Do you currently hold or have you ever held a teaching certificate from another state? \_\_\_\_\_

Rank/Type	Field	Expiration Date	State	Certificate Number

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**V. OTHER WORK EXPERIENCE: (Include Military Service)**

Employer name and complete address	Dates To/From	Phone Number	Job Title	Supervisor

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**VI. PERSONAL AND PROFESSIONAL DATA:**

Are you currently employed? \_\_\_\_\_

If yes have you resigned your present position? \_\_\_\_\_

If now employed, why are you considering leaving you present position? \_\_\_\_\_

If not employed, why did you leave your last position? \_\_\_\_\_

List any special honors or distinctions you received in college or in an employment position. \_\_\_\_\_

List any special interest or hobbies. \_\_\_\_\_

List any activities that you are qualified and willing to direct or coach. (Drama, Yearbook, Football) \_\_\_\_\_



**VII. REFERENCES:**

If you are a beginning teacher you must request that your placement file be forwarded to this office.\*

\*Please include references even if you have a placement file.

**REFERENCES**

<b>Name</b>	<b>School or Location</b>	<b>Area Code/Phone Number</b>
<b>Position</b>	<b>Street Address</b>	<b>City/State/Zip</b>
<b>Name</b>	<b>School or Location</b>	<b>Area Code/Phone Number</b>
<b>Position</b>	<b>Street Address</b>	<b>City/State/Zip</b>
<b>Name</b>	<b>School or Location</b>	<b>Area Code/Phone Number</b>
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<b>Name</b>	<b>School or Location</b>	<b>Area Code/Phone Number</b>
<b>Position</b>	<b>Street Address</b>	<b>City/State/Zip</b>



**By filing an application for employment with the Washington County Board of Education, I authorize full investigation of the information given in this application and consent for the representatives of the Board to contact my references, previous employers, physicians, hospitals, school attended, court officials and law enforcement authorities. If employed, I agree to abide by all policies as set forth by the Board. I also understand that a misstatement or an omission of information requested shall be reason for non-employment or dismissal from employment and shall not be revealed to me.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Personal Data**

(To be completed after employment)

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

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**FOR USE BY THE WASHINGTON COUNTY BOARD OF EDUCATION**

**Personal Interview**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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