

HALE COUNTY BOARD OF EDUCATION

1115 Powers St.

Greensboro, AL 36744

Phone: (334)624-8836 FAX: (334)624-3415

APPLICATION FOR CERTIFICATED EMPLOYMENT

- Application Instructions: 1. Complete all sections of the application and return it to the Hale County Board of Education.
2. Enclose a copy of all college transcripts.

POSITION DESIRED

Identify only positions in which you are certified. List in order of preference.

(1) _____

(2) _____

Date Available for Employment: _____

OFFICE USE ONLY:

_____ Copy of Alabama Certificate
_____ Transcripts
_____ Application Review Score

To: _____ Date: _____

To: _____ Date: _____

To: _____ Date: _____

Name _____ Social Security Number _____
Last First Middle/Maiden

Address _____
Street or P.O. Box City State Zip Code

Telephone _____
Home Work Cell

CERTIFICATION

Do you hold an Alabama Teacher's Certificate? Yes _____ No _____

Check one: AA _____ A _____ B _____

Other: _____

Date of Issue: _____

Areas of Endorsement _____

Date Certificate Expires _____

Have you ever had a teaching certificate denied, revoked or suspended?
Yes _____ No _____ If yes, explain. _____

Do you hold a current teaching certificate from another state?
Yes _____ No _____ If yes, give state(s) _____

CLEARANCE NOTICE

Have you completed a background review
by ABI & FBI? Yes _____ No _____
Year _____
County/University _____

HIGHLY QUALIFIED STATUS

(NCLB Act, 2001)

_____ Meet requirements "Highly Qualified
Teacher"

_____ Previously employed in another Alabama school
system

_____ Do not meet requirements, but will
complete by 2006

(List coursework needed) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS – Circle Yes or No

Have you ever been convicted of any crime or are you currently under investigation?
If yes, explain.

Yes No

Have you ever been asked to resign, been suspended, non-renewed or terminated?
If yes, explain.

Yes No

Are you physically or otherwise unable to perform the duties of the job for
which you are applying?

Yes No

Are you willing to participate in school activities, system-wide projects,
professional development, in-service education, committee work, PTA/PTO,
faculty meetings, parent-teacher conferences, as well as provide the best
possible educational experience for students?

Yes No

Application will remain active one calendar year from the date of submission.

EDUCATIONAL AND PROFESSIONAL PREPARATION

	High School		Undergraduate		Graduate		Special	
School Name								
Address								
Dates Attended	From	To	From	To	From	To	From	To
Degree Earned								
Major								
Other Special Training								

PROFESSIONAL IMPROVEMENT AND IN-SERVICE ACTIVITIES

List activities such as travel, workshops, conferences, meetings and published works.

Year	Activity

STUDENT TEACHING

Subject(s)/Grade(s) Taught	
School Name & Address	
Supervising Teacher(s)	
College Supervisor	
Comments regarding your student teaching	

WORK EXPERIENCE OTHER THAN TEACHING

List most recent first.

Employer	Address	Dates Employed		Work Performed
		From	To	

TEACHING/ADMINISTRATIVE EXPERIENCE - Begin with most recent.

School Name		()Public () Private Total Yrs. _____
Address		Dates Employed
		From To
Telephone Number		Assignment(s)
Principal's Name		
Reason for Leaving		

School Name		()Public () Private Total Yrs. _____
Address		Dates Employed
		From To
Telephone Number		Assignment(s)
Principal's Name		
Reason for Leaving		

School Name		()Public () Private Total Yrs. _____
Address		Dates Employed
		From To
Telephone Number		Assignment(s)
Principal's Name		
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Address		Dates Employed
		From To
Telephone Number		Assignment(s)
Principal's Name		
Reason for Leaving		

REFERENCES – Include last or current principal, student teacher supervisor, and/or professors.

Name	Position	Address	Telephone

May we contact your present employer? ____Yes ____No

ACTIVITIES

SCHOOL ACTIVITIES which you are able to coach or direct and other interests and hobbies.

PROFESSIONAL, SCHOLASTIC, AND CIVIC ORGANIZATIONS – Membership and Honors.

COLLEGE ACTIVITIES AND HONORS

