



HALE COUNTY SCHOOL SYSTEM

1115 Powers Street

Greensboro, AL 36744 (334-624-8836)

www.halek12.org FAX: 334-624-3415

SUPPORT PERSONNEL AND SUBSTITUTE APPLICATION

PERSONAL INFORMATION: (print or type) Date _____

Name: _____ SSN# _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: () _____ Alternative Phone: () _____
Area Code Area Code

EMPLOYMENT INFORMATION

Posted Position(s) applied for: _____

Support/Substitute position(s) interested in:

- (Fulltime) Paraprofessional___ Secretarial/Clerical___ Maintenance___ Janitor___ Foodservices ___ Bus driver___
- Substitute Teacher___ Sub-Bus Driver___ Sub-Foodservices Worker ___ Sub-Janitor___ Sub-Bus Aide___
- Sub-Paraprofessional___ Other: _____

EDUCATIONAL AND TECHNICAL TRAINING

School	Dates of Attendance	Years Completed
High School:		
College:		
Other:		

- 1) Paraprofessionals must have a secondary school diploma or its recognized equivalent
- 2) Paraprofessionals must have: (a) completed two years of study at an institution of higher learning; or (b) obtained an associate's degree (or higher) degree or
- 3) Met a rigorous standard of quality and be able to demonstrate, through a formal State or local academic assessment, knowledge of and the ability to assist in instructing, reading, writing, and mathematics.

WORK HISTORY: List below your prior work experience (start with the most recent). A telephone number is required.

Company: _____ Phone No: _____
 Job Title: _____ Dates Employed: _____
 Reason for Leaving: _____ Supervisor: _____

Company: _____ Phone No: _____
 Job Title: _____ Dates Employed: _____
 Reason for Leaving: _____ Supervisor: _____

Company: _____ Phone No: _____
 Job Title: _____ Dates Employed: _____
 Reason for Leaving: _____ Supervisor: _____

Secretarial/Clerical Applicants Only: SKILLS

Type (wpm) _____
Personal computer experience: YES___ NO___
Business Machines (List): _____
Other: _____
List names of programs you have used:
Word Processing _____ Database: _____
Spreadsheet: _____

For School Bus Drivers Only:

Current CDL license - State _____ Number _____ Date of Birth _____

Has your driver's license ever been suspended or revoked? (If yes, explain) () YES () NO

Have you had any type of vehicle accident in the past 3 years? (If yes, explain) () YES () NO

REFERENCES:

List three references, other than relatives, who are aware of your work:

- 1) _____
Name Address Phone No.
- 2) _____
Name Address Phone No.
- 3) _____
Name Address Phone No.

My signature below authorizes Hale County School System to conduct a background investigation and authorizes release of information in connection with my application for employment. Furthermore, I codify that I have made true, correct and complete answers and statements on this application in the knowledge that they may relied upon in considering my application, and I understand that any omission, false answered statements made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school system.

Signature _____ Date _____

"It is the policy of the Hale County Board of Education that no person shall, on the grounds of race, color handicap, sex, religion, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment."