

Lamar County Board of Education
 P. O. Box 1379
 Vernon, AL 35592
 Phone: (205) 695-7615
 Fax: (205) 695-7678



Prospective employees will receive consideration without discrimination based on race, creed, color, gender, age, national origin, disability, or veteran affiliation. Revised 8/2012

Application for Certified Employment

Specific Position Applying For: _____ **Date:** _____
 (Elementary Teacher, Secondary Math Teacher, Principal, Counselor, etc.)

To Applicant: Thank you for applying for a position with the Lamar County Board of Education. Please complete all information requested on the application as completely and accurately as possible. This application will remain on file and active for a period of two years from the date of submission.

Personal Data

Name: _____ Social Security Number: _____
 Last First Middle/Maiden

Permanent Address: _____
 Street City State Zip Code Area Code Telephone

Current Address: _____
 Street City State Zip Code Area Code Telephone

If current address is temporary, until what date? _____

Date of Birth: _____ (optional) Age: _____ (optional) Gender: _____ (optional) Race: _____ (optional) Marital Status: _____ (optional)

Have you ever been convicted of a felony? Yes No (If yes, please explain on a separate sheet and attach.)

When could you begin work in Lamar County? _____	Is there any reason that will prevent your attendance at scheduled meetings or activities held before or after school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below):
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Certification Each person who serves as a teacher or in an instructional support position in the public schools of the state is required to hold a valid Alabama certificate as prescribed in Ala. Code § 16-23-1 (1975).

Do you hold a valid Alabama teaching certificate? Yes No (If yes, please attach a copy of your Alabama Teaching Certificate.)
WE EMPLOY IN FIELD ONLY.

Alabama Teaching Certificate #: _____

CERTIFICATE CLASS/RANK	DATE ISSUED	EXPIRATION DATE	AREA OF ENDORSEMENT

(Each person who serves as a teacher or in an instructional support position in the public schools of the state is required to be designated as a highly qualified teacher in a specific subject area(s) based on having met criteria outlined in The Alabama Model for Identifying Highly Qualified Teachers, in Accordance with Criteria Provided by The No Child Left Behind (NCLB) Act of 2001.)

Do you meet the designation of Highly Qualified (HQ) Teacher in the state of Alabama? Yes No
 (If yes, please attach a copy of the Highly Qualified letter issued by the Alabama State Department of Education.)

Education and Professional Preparation

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATION DATE	DEGREE OBTAINED MAJOR/MINOR
High School				
College or University				
Graduate				

Student or Practice Teaching

College or University	Year	Grade or Subject Area	Name of School	Supervising Teacher

Teaching Experience (List all experience in chronological order) Total years experience: _____

Number of Years	Inclusive Dates From To	Name of School	Location (System, State)	Grades, Subject, or Position

Have you served in the armed forces? Yes No Branch: _____

References

List principals and/or supervisors who have had direct supervision of your previous work. If you do not have teaching experience, list names of college instructors with whom you have taken major subjects or past employers who can attest to your work ethic.

Name	Dates of Association	Official Position	Telephone #

PLEASE READ CAREFULLY

Your signature certifies that the information provided by you in this application is true and correct. Certification penalties incurred as a result of misleading information are the responsibility of the applicant. I certify to the best of my information, knowledge, and belief that the above information is correct, and I have not been charged or convicted of any crime involving sexual misconduct or sexual harassment.

Applicant's signature

Date