

Today's Date: \_\_\_\_\_



## Substitute Employment Application

### Attalla City Schools

101 Case Avenue, Attalla, AL 35954

Phone: (256) 538-8051 Fax: (256) 538-8388

www.attalla.k12.al.us

*Applicant Note: This application form is intended for use in evaluating your qualifications for employment. Please answer all questions completely and accurately. False or misleading statements on this form or during an interview will result in the termination of the application process or if discovered after employment, will be grounds for termination of employment.*

Name: \_\_\_\_\_  
Last First Middle/Maiden

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home/Cell Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever had a background check by the Alabama Department of Education?  Yes  No

Have you ever been discharged from any position?  Yes  No

If yes, when and where? \_\_\_\_\_

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?  Yes  No

### Certificates

Do you currently hold an Alabama Substitute Teacher Certificate?  Yes  No

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

### Substitute Position Desired

Classroom  Lunchroom  Custodian  Instructional Aide  Bus Driver

Nurse  Other \_\_\_\_\_

Days available to work:  M  T  W  Th  F  All

### Education

High School: \_\_\_\_\_  Diploma  GED

## Work Experience

For payroll purposes, ALL teaching experience must be listed. Use a separate sheet if necessary.

Date (From-To)	Name and Address of Employer	Type of Work	Number of Years	Reason for Leaving

May we contact your employer? Yes No

## References

Name	Position	Phone Number

Optional: Please include an additional sheet with any other relevant information about yourself which may enhance your opportunities for employment. Feel free to attach a resume to your completed application.

*It is the official policy of the Attalla City Schools that no person shall, on the grounds of race, color, disability, sex, religion, creed, 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.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

By typing your name in the signature line or adding your handwritten signature, you agree that all statements you provided are true.

**Upon completion, please email your completed application to [noncertified@attalla.k12.al.us](mailto:noncertified@attalla.k12.al.us), or bring it to Attalla City Schools Board of Education, 101 Case Avenue, Attalla, AL 35954. Once your application is received, you will be notified of a time to complete your background checks and complete other necessary paperwork.**

**Applications will be kept on file for three years. You are welcome to update it at any time.**

Updated 04/2022



Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, martial or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities, including the after hire use of E-Verify to confirm U.S. employment Eligibility.

All school system employees are subject to a criminal background check. By filing this application for employment, I give consent to the representative of the Attalla City Schools to contact references, previous employers, school attended, court officials, and law enforcement Authorities.

I understand that any misstatement or omission of any information requested shall be a reason for nonrenewal of contract or dismissal from employment.

The application, transcript, references and any other application information are the property of the Attalla City Schools and will not be returned to the applicant. This application remains in the active file for three (3) years. If you would like to maintain active status after three (3) years, contact Sarah Maroney at (256)538-8051.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Typing your name in the signature line or adding your handwritten signature acknowledges your agreement to a background check.

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Discrimination Contacts:

Jennifer Jones, Title IX, (256) 538-8051

Dr. Stephen Hall, 504, (256) 538-8051

Updated 04/2022