

SUPPORT PERSONNEL APPLICATION

Opp City Schools

P.O. Box 840, Opp, AL 36467

334-493-3173

PERSONAL INFORMATION

FIRST NAME		LAST NAME		PHONE NUMBER
ADDRESS				
CITY	STATE	ZIP		
		EMAIL		
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM A POSITION?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, WHEN?

EMPLOYMENT DESIRED

POSITION 1	POSITION 2		
PREVIOUSLY EMPLOYED WITH OPP CITY SCHOOLS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, WHEN?
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	AVAILABILITY DATE

EDUCATION

DEGREE/COURSE	UNIVERSITY / INSTITUTE	YEAR OF GRADUATION

EMPLOYMENT INFORMATION:

Please list your employment history, beginning with your most recent employer. (You must complete this section even if you attach a resume. **A resume must be attached for secretarial and bookkeeper positions.**)

PREVIOUS EMPLOYMENT

PRESENT OR LAST EMPLOYER	DATES EMPLOYED	PHONE NUMBER
REASON FOR LEAVING	POSITION/ DUTIES	
EMPLOYER	DATES EMPLOYED	PHONE NUMBER
REASON FOR LEAVING	POSITION/ DUTIES	
EMPLOYER	DATES EMPLOYED	PHONE NUMBER
REASON FOR LEAVING	POSITION/ DUTIES	

OPP CITY SCHOOLS CONDUCTS REFERENCE CHECKS. PLEASE LIST PROFESSIONAL REFERENCES ON THE NEXT PAGE.

REFERENCES

NAME:	PHONE NUMBER:
EMAIL ADDRESS:	
NAME:	PHONE NUMBER:
EMAIL ADDRESS:	
NAME:	PHONE NUMBER:
EMAIL ADDRESS:	

SKILLS

1. _____	3. _____
2. _____	4. _____

MILITARY SERVICE

WERE YOU IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> No	IF YES, WHAT BRANCH?
DATES OF DUTY:	
RANK AT DISCHARGE	
LIST DUTIES INCLUDING SPECIAL TRAINING:	
HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HVAE NOT BEEN ANNILLED, EXPUNGED OR SEALED BY A COURT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, ATTACH A SHEET DESCRIBING THE EVENT IN DETAIL.	
DO YOU HOLD A VALID ALABAMA DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER
• IF APPLYING FOR A MAINTENACE OR BUS DRIVER POSITION, OPP CITY SCHOOLS WILL VERIFY YOUR DRIVING RECORD.	
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHY?
DO YOU HAVE ANY RESTRICTIONS ON YOUR DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT?

PLEASE READ THE FOLLOWING CAREFULLY. YOU - THE APPLICANT - ARE RESPONSIBLE FOR ADHEARING TO THE FOLLOWING GUIDLINES.

- **A FALSE ANSWER TO ANY PORTION OF THE THIS APPLICATION MAY INVALIDATE THE CONTRACT**
- I understand that this application is valid for three years from the date of completion. At that time, it is my responsibility to complete a new application to receive consideration. i understand that my application will be discarded after it has become inactive.
- I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the school system shall not be held liable in any respect if my employment is terminated because of false statements, answers or omission made by me in this application.
- I authorize Opp City Schools to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or government agency to disclose to the school district any information they have regarding me.
- In consideration of the school district's review of the application, I hereby release the district as well as all providers of information from any liability and for any damage that may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.
- I understand that if I am recommended for a position, the Alabama State Department of Education will require me to submit a completed background check packet and fees. The cost of this background check is \$49.00.
- I have read and understand the guidelines above and agree to abide by them.

DATE : _____	SIGNATURE : _____
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Discrimination on the basis of sex, race, age, religious belief, disability, national origin, or ethnic group shall be prohibited in all educational programs and activities of the Opp City Schools.