CONECUH COUNTY BOARD OF EDUCATION 1455 TED BATES ROAD Evergreen, AL 36401 Phone 251-578-1752 Fax 251-578-7061



## SUPPORT EMPLOYMENT APPLICATION

Date		one or more) Cafeteria Supervi Cafeteria Manage Cafeteria Worker Clerk	rMaintenar	nce Worker	
Name					
Last	First			Middle	
Present Address					
	Street	City	State	Zip Code	
Permanent Address					
	Street	City	State	Zip Code	
Social Security No		Phone	No		
		EDUCATION			
High School years comp.:	Colleg	ge Years comp.:	G.E.D.?	Diploma? Degree	e(s)? BS BA Masters
Do you hold these cer	tificates:	Yes	No		Masters
School Bus Driver's C School Food Service S School Food Service B	Supervisor Certif				
Have you previously l	been employed by	y Conecuh County S	Schools? Yes	No	
If yes with whom?		Туре от	f work		
List the office machin	es you are able to	o operate			
Date Available for emplo					

"The Conecuh County School System does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups."

## Education

Name of School and Locatio Include High School, Colleg				
Graduate, Post Graduate Work in order taken	Dates Attended Month - Year rom:	Degree Received	Major Subject	Minor Subject
т	o:			
	rom:			
]	Го:			
F	rom:			
1	°o:			
	Exp	perience		
Name and complete Address of previous employer	Date Month & Year From:	No. of Months	Position	Reason for leaving This Position
	To:			
	From:			
	To:			
	From:			
	To:			
Have you ever been asked to If yes, give details				čes No
Have you ever been convicto				
If yes, explain				
Are you a citizen of the Unit	ed States? Yes No	)		
List any additional informati	on which you wish to su	bmit		

Page 3

## REFERENCES

List the names, position and address of four (4) individuals as your references. Include supervisors under whom you have worked. Please do not list relatives as references.

Name	OFFICIAL POSITION	ADDRESS (street, city, state)	PHONE NUMBER

Read carefully and sign the following statement.

By my signature I attest that the information contained in this application is true and represents me accurately. If employed, I agree to abide by all the policies approved by the Board of Education and will cooperate fully with inservice programs for professional improvement. I understand that this application will remain in the active file for a period of one year and then will be classified as inactive unless I notify the personnel office in writing to keep the application current.

Date	Signature

If emailing, type name.