

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Employment Application

Personal Information

Name		State and Country of birth	
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Address	City	State	Zip
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Phone number	Email address
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Have you ever been convicted of a crime (felony or misdemeanor), other than a minor traffic violation?

_____ yes _____ no If yes, explain _____

Position

Position you are applying for: <input type="checkbox"/> In-Charge Teacher <input type="checkbox"/> Site Secretary <input type="checkbox"/> Special Needs Counselor <input type="checkbox"/> Counselor <input type="checkbox"/> Nurse	Desired School Site(s): <input type="checkbox"/> Calera Elem <input type="checkbox"/> Helena Elem <input type="checkbox"/> Oak Mt. Elem <input type="checkbox"/> Calera Inter <input type="checkbox"/> Helena Inter <input type="checkbox"/> Oak Mt. Inter <input type="checkbox"/> Chelsea Park Elem <input type="checkbox"/> Inverness Elem <input type="checkbox"/> Shelby Elem <input type="checkbox"/> Elvin Hill Elem <input type="checkbox"/> Montevallo Elem <input type="checkbox"/> Vincent Elem <input type="checkbox"/> Forrest Oaks Elem <input type="checkbox"/> Mt. Laurel Elem <input type="checkbox"/> Wilsonville Elem
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Describe any special skills or qualifications you have pertaining to this position:

Education

Are you currently in high school? _____ yes _____ no

If yes, where? _____ Grade: _____

Check if applicable: _____ Associates Degree, _____ Bachelor's Degree, _____ LPN, _____ RN

References (not related, not employees)

Name	Address	Phone

Employment History

Are you currently employed by Shelby County Schools in another position? ____ yes ____ no

If yes, give position, location and Employee ID # _____

Have you ever been employed with Shelby County Schools? ____ yes ____ no

Employment Experience (start with the most current employer)

Employer	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Phone number	City	State	Zip

Applicant Statement and Signature

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and in the event of employment; I understand that false or misleading information given on my application, or in interviews, may result in my dismissal.

I understand that if I am hired, I must reapply for the position every school year and every summer.

I hereby acknowledge and understand, **if employed I will be unable to gain tenure in the position.** I also understand that Community Education positions are part time without benefits **AND EMPLOYMENT HOURS ARE SUBJECT TO CHANGE BASED ON NEED.**

Name (please print)

Signature

Date