

DEMOPOLIS CITY SCHOOLS

APPLICATION FOR EMPLOYMENT

609 SOUTH CEDAR STREET /POST OFFICE DRAWER 759

DEMOPOLIS, AL 36732

PHONE: 334-289-1670

FAX: 334-289-1689

www.dcsedu.com

DATE: _____ Specific position for which you are
(Mark items "NA" if they are not applicable to you.) applying: _____

FULL NAME: _____ Phone #: _____
Last First MI

ADDRESS: _____
Street/Apt. # City State Zip

The following is required for governmental reporting or record keeping purposes only:

Date of Birth: _____ Sex: _____ SOCIAL SECURITY #: _____

Provide the name, telephone number, and relationship to the applicant who may be contacted in case of an emergency.

Name: _____ Phone: _____ Relationship: _____

EDUCATION: High School Attended: _____ Year Graduated: _____

Address: _____
Street/P.O. Box City State Zip

GED: _____ Date of GED: _____

List ALL Colleges, Universities or other schools attended:

School/College	Dates Attended	Degree(s)	Major(s)	Minor(s)

Teaching Certificate held: Yes or No? _____ Non-Teaching Degree held: _____

Alabama Teaching Certificate Held: TYPE _____ RANK: _____

Endorsement Areas: _____

(Please list all endorsement areas)

Hours of college credit earned above degree: _____

Are you currently employed in this school system? _____ Number of years: _____

Total years of Teaching or Administrative Experience: _____

EXPERIENCE: (List work experience, beginning with most recent employment position)

Dates	Employer Name/Location	Type of Position, Grade, etc...	Name of Supervisor

Attach copy of PRAXIS and transcripts from all colleges or universities attended.

Attach copy of your Alabama Teaching Certificate.

REFERENCES: (List three professional references)

Name	Relationship	Contact Information	Years Known

Have you ever been convicted of a crime: YES NO (If yes, briefly explain the nature of the offense.)

Have you ever been dismissed from a position? YES NO (If yes, briefly give reason or cause.)

Please indicate how you can make a positive impact in the position for which you are applying and write a short narrative about it. Please give attention to spelling, sentence structure and grammar. **Statement should be handwritten by applicant.**

I give permission to contact the above references or any other reference. This application will remain in the active file until January 1st of each year from the date of submission. **This is to certify that all information is true and accurate.**

Signature of Applicant

Date

DEMOPOLIS CITY BOARD OF EDUCATION is an equal opportunity employer, without regard to race, color, creed, disability, sex, religion, national origin or age of the applicant.