



# JASPER CITY SCHOOLS

P.O. BOX 500

JASPER, ALABAMA 35502

PHONE: (205) 384-6880

## SUPPORT POSITION

Date: \_\_\_\_\_

Application for position of \_\_\_\_\_

**INSTRUCTIONS:** The applicant should exercise great care in preparing this form. Do not omit any item. Fill in the application in your own handwriting. Your application will be kept in the active file for one year. If you desire for it to remain active for a longer period, you should contact this office and update the application by February 1<sup>st</sup> of each calendar year.

It is the policy of the Jasper City Board of Education that applicants for positions will be selected on the basis of qualifications, merit, and ability. No person shall be denied employment, reemployment or advancement, nor be evaluated, nor be subject to discrimination, on the basis of sex, age, marital status, race, religion, national origin, ethnic group, or handicap. Inquiries, complaints, or concerns regarding compliance with federal regulations may be directed to Rita Pilling, Title IX Coordinator 205- 384-6880, and Betty Odom, Section 504 Coordinator 205- 384-6880 or by mail at 110 17<sup>th</sup> Street W. Jasper, AL 35501.

### 1. PERSONAL INFORMATION:

NAME \_\_\_\_\_  
(Please Print) Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip

DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL (optional) \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_ NO \_\_\_

IF YES, EXPLAIN

\_\_\_\_\_

NOW EMPLOYED? YES \_\_\_ NO \_\_\_ WHERE? \_\_\_\_\_

POSITION \_\_\_\_\_ WHEN CAN YOU BEGIN WORK? \_\_\_\_\_

RECENT PHOTOGRAPH  
(Optional)

**2. WORK EXPERIENCE:**

List 3 former employers.

1.	Employer	City	State	Phone	Supervisor
	Your Job Title	Dates of Employment		Reason for Leaving	
2.	Employer	City	State	Phone	Supervisor
	Your Job Title	Dates of Employment		Reason for Leaving	
3.	Employer	City	State	Phone	Supervisor
	Your Job Title	Dates of Employment		Reason for Leaving	

**3. PERSONAL REFERENCES:**

List at least 3 references. **Include a letter from each.**

	Name	Address	Phone Number	Relationship to Applicant
1.	_____			
2.	_____			
3.	_____			

\*\*\*\* You may add other references on back page.

**Please sign and date this section thereby giving permission for district personnel to contact references that have been listed and any other references that might be pertinent to the position.**

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

\_\_\_\_\_  
Date

**4. EDUCATIONAL EXPERIENCE**

A copy of your high school diploma or GED is required for all support (custodian, secretarial, lunchroom, and bus driver) applications. For LPN/RN applications, a copy of your current nurse license is required.

For General Aide applications, a copy of your transcripts from an accredited college showing two (2) years Associates Degree or successful completion of WorkKeys Assessment.

High School	City	State	Last Year Attended	Date Graduated
College or Technical School	City	State	Last Year Attended	Date Graduated

**List Other Training Below:**

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**5. OFFICE EQUIPMENT SKILLS: (Clerks, Secretaries, General Aides)**

Please indicate below any office equipment experience you may have and list your proficiency.

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**6. Please include a handwritten description of your abilities and why you think you would be the best person for this job.**

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