

EXPERIENCE (REVERSE CHRONOLOGICAL ORDER)

SYSTEM	SCHOOL	POSITION	YEARS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER SERVED IN THE ARMED FORCES? _____

HONORABLY DISCHARGED? _____ (If not honorably discharged from the Armed Forces, explain.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ If yes, explain.

PERSONAL REFERENCES (A letter of recommendation must be sent from each of the references listed below.)

1. _____
Name Address City, State, Zip Telephone
2. _____
Name Address City, State, Zip Telephone
3. _____
Name Address City, State, Zip Telephone
4. _____
Name Address City, State, Zip Telephone
5. _____
Name Address City, State, Zip Telephone

I HEREBY STATE THAT THE INFORMATION SUPPLIED BY ME IN THE ABOVE APPLICATION IS TRUE. I FURTHER STATE THAT IF EMPLOYED BY THE PELL CITY SCHOOL SYSTEM, I WILL FOLLOW THE RULES AND POLICIES OF SAID BOARD OR ITS APPOINTED OFFICIALS.

Signed _____ **Date** _____

It is the policy of the Pell City School System that no person shall be denied employment, be excluded from participation in, be denied the benefits of, or subjected to discrimination in any program or activity on the basis of race, sex, creed, age, handicap or national origin.

AFFIRMATIVE ACTION SURVEY

You need not provide the information below in order to be considered for employment with the Pell City School System. However, the information you provide will be used by the Pell City School System to help fulfill its reporting requirements to Federal and State agencies. This information will not be made a part of your permanent personnel record.

(Please print or type)

Name: _____ Date: _____

Position(s) applied for: _____

Social Security Number: _____

Date of Birth: _____

Sex: Male _____ Female _____ Marital Status _____

Group Identity

White – not of Hispanic origin _____

Black – not of Hispanic origin _____

Hispanic _____

American Indian or Alaskan Native _____

Asian or Pacific Islander _____

Signature: _____