

Cleburne County School System

Application for Classified Position

Position Applied For (check all that apply)						
Aide		_ Bookkeeper/Se	cretary	_	Bus Driver	
Child Nutrition Program		Custodian		_	Sub Bus Driver	
School Nurse Other Support position						
	<u>licy</u> : The Cleburne County Boa		-			
-	Board of Education that no p		_			
national origin o	r age, be excluded from partic	ipation in, be der	nied the ben	efits of, or be	subject to discrimination under	
any program, ac	tivity or employment.					
Date of Applicati	Data of Application Data Available for Employment					
Date of Application Date Available for Employment						
Name	st Middle (as shown on your So		Social Se	ecurity Numbe	r	
Last, Firs	st Middle (as shown on your S	ocial Security Car	d)			
Addross						
Phone Number		Em	ail Address _			
Have you ever b	een convicted of a crimemise	demeanor (other	than traffic	violations). a f	elony, or any offense involving	
=	P Yes No If <u>yes</u>	•		,,	,	
,		, ,				
Note: A conviction	on record will not necessarily a	affect employme	nt eligibility.	Age and time	of the offense, as well as the	
seriousness and	nature of the violation, will be	taken into consi	deration.			
Educational Back	ground/Record: (Please list hi	ghest grade comp	plated)			
Educational Back	ground/necord. (Flease list III)	gnest grade comp	Jieteu.)			
	Education and	Professional Train	ning (List mo	ost recent first	·)	
Dates	Educational Institution	Location	Major	Minor	Diploma/Degree	
Attended						
	ord: (List employment experie	ences beginning v	vith the mos	t recent. A rés	sumé will not substitute for this	
information.)						
	oplied for were unavailable, w	•	•		s No	
Are you currentl	y under contract in another so	chool system?	_Yes No	0		
	N	<u> </u>	<u> </u>	I		
Dates	Name and Address of	Previous Employe	er	Position	Reason for Leaving	

<u>References</u>: Please list references that are qualified (and not related to you) to provide information as to your work experience. A minimum of three (3) references should be listed. Reference forms should be mailed directly from the individual giving the reference to the address listed below.

Name	Address	Phone Number	Occupation		
Have you ever been o	dismissed from an employment position? Yes N	o If yes, please explain: _			
Have you ever been a	asked to resign from an employment position? Yes	No If yes, please expl	ain:		
Have you ever been i	nvestigated for misconduct related to your employment	? Yes No If yes,	please explain:		
 Completed applica Proof of High School Résumé 	nust be on file before the application will be processed a tion ol Graduation or GED (if applicable) of college records (if applicable)	nd applicant given conside	eration:		
By filing an application the policies as set for Cleburne County Boa court officials and law	the following statement: n for employment with the Cleburne County Board of Edith by the Cleburne County Board of Education and give or of Education to contact references, previous employed enforcement authorities. In addition, I understand that in shall be a reason for non-renewal of contract or dismission.	consent to the representars, physicians, hospitals, s t any misstatement or om	tives of the chools attended,		
* *	ipt, references and other data are the property of the Clee applicant. This application will be classified as inactive				
Signature:	Date:				

Please mail or return completed application to:
Cleburne County Board of Education
Attention: Human Resources
141 Davenport Drive
Heflin, Alabama 36264
Phone (256) 463-5624 Fax (256) 463-5709

Website: www.cleburneschools.net