



# CITY OF LEEDS BOARD OF EDUCATION

P. O. Box 1083, Leeds, Alabama 35094  
Telephone (205) 699-KIDS - FAX (205) 699-6629

Date of Application \_\_\_\_\_ Date Available for Employment \_\_\_\_\_

## I. GENERAL INFORMATION

1. In order for us to consider your application for employment, we **MUST** have the information requested.
2. **PRINT** or type all information **except** No. 11. Please hand write "Why Did You Choose Education As A Career?"
3. Copies of transcripts must be submitted with initial application. However, **official** transcripts are **REQUIRED** prior to signing a contract for employment.
4. You **MUST** sign the application (see last page).

\_\_\_\_ MR. \_\_\_\_ MS. \_\_\_\_ DR. \_\_\_\_\_  
LAST NAME FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE (\_\_\_\_) PHONE

PERMANENT ADDRESS \_\_\_\_\_  
*(if different from above)* STREET  
CITY STATE ZIP CODE (\_\_\_\_) PHONE

SOCIAL SECURITY NUMBER \_\_\_\_\_ Are you a citizen of the U.S.A.? \_\_\_\_ YES \_\_\_\_ NO

## II. POSITION DESIRED

\_\_\_\_ Early Childhood (Grades: \_\_\_\_\_)      \_\_\_\_ Counselor (Grades: \_\_\_\_\_)

\_\_\_\_ Elementary (Grades: \_\_\_\_\_)      \_\_\_\_ Media Specialist (Grades: \_\_\_\_\_)

\_\_\_\_ Secondary (Subject: \_\_\_\_\_)      \_\_\_\_ Administration (Specify: \_\_\_\_\_)

\_\_\_\_ Special Education (Areas: \_\_\_\_\_)

\_\_\_\_ Other: ( \_\_\_\_\_ )

\_\_\_\_\_

\_\_\_\_\_

The City of Leeds Board of Education is a drug-free workplace and an equal opportunity employer and does not discriminate in employment on the basis of age, gender, race, religion, national origin, creed, or physical disability.

Safe Schools Hotline: (888) 728-5437

### III. TEACHING EXPERIENCE:

Report in **chronological order**, beginning with most recent position, all full-time teaching and administrative experience including teaching in accredited colleges. Report work as a substitute teacher under "Other Work Experience". Continuous experience in one school should be reported on one line.

SCHOOL NAME	SYSTEM NAME	COMPLETE ADDRESS (INCLUDE ZIP CODE)	DATES FROM/TO	TEACHING / JOB ASSIGNMENT	SUPERVISOR

### IV. MILITARY SERVICE:

BRANCH OF SERVICE	DATES FROM/TO	HIGHEST RANK	TYPE OF DISCHARGE

### V. OTHER WORK EXPERIENCE:

EMPLOYER	JOB TITLE	ADDRESS	DATES FROM/TO	SUPERVISOR

### VI. EDUCATION

NAME OF SCHOOL	CITY/STATE	DATES FROM /TO	CREDIT OR DEGREE	MAJOR SUBJECT

• Official college transcripts required prior to signing a contract

### VII. STUDENT TEACHING

Will you complete or have you completed student teaching?  YES  NO

SCHOOL NAME AND ADDRESS	DATES FROM/TO	SUBJECT OR GRADE LEVEL	NAME OF SUPERVISING TEACHER

## VIII. CERTIFICATION:

1. Do you presently hold a valid Alabama teaching certificate?  YES  NO

TYPE	FIELD	EXPIRATION DATE	CERTIFICATE NUMBER	ENDORSEMENT

2. If no, have you applied for an Alabama teaching certificate?  YES  NO

DATES APPLIED	FIELD

3. Do you presently hold or have you ever held a teaching certificate from another state?  YES  NO

TYPE	FIELD	EXPIRATION DATE	CERTIFICATE NUMBER

## IX. PERSONAL AND PROFESSIONAL DATA:

1. State reason for leaving your last **teaching or administrative** position:

\_\_\_\_\_

2. Have you taught sufficient years in any other Alabama public school system so as to acquire "tenure" under Alabama Law?  
 YES  NO If yes, list the name(s) of the school system(s) and dates of employment:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. In the last twelve months, how many days were you absent from work? \_\_\_\_\_  
 Reason: \_\_\_\_\_

4. Are you presently under contract with any other school system?  YES  NO If yes, name system, location, and date contract expires:  
 \_\_\_\_\_

5. List professional clubs or organizations of which you are a member (you may exclude those of a racial or religious nature):  
 \_\_\_\_\_

6. Check any of the following which you are qualified and willing to direct or coach:

- |                                     |                                   |                                     |   |   |
|-------------------------------------|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Band       | <input type="checkbox"/> Chorus   | <input type="checkbox"/> Football   | <input type="checkbox"/> School Newspaper     | <input type="checkbox"/> Track              |
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Clubs    | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cheerleading Sponsor | <input type="checkbox"/> Debate             |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Dramatics  | <input type="checkbox"/> Softball             | <input type="checkbox"/> Other (list below) |

7. HAVE YOU EVER? (each question must be answered):

- A. Failed to have a contract renewed with a school system? -----  YES  NO
- B. Broken a contract with a school system? -----  YES  NO
- C. Been dismissed from employment with a school system or asked to resign? -----  YES  NO
- D. Had a teaching credential denied, revoked or suspended in any state? -----  YES  NO
- E. Pled guilty or been convicted of a felony or misdemeanor? -----  YES  NO  
 (A conviction record would not necessarily be a bar to employment.)
- F. Received an unsatisfactory performance evaluation from an employer?-----  YES  NO

## X. REFERENCES:

Do you have a placement file?  YES  NO

You must request that your placement file be forwarded to this office if you are a beginning teacher. \*

Persons listed as references should be qualified to answer questions concerning your qualifications for the positions you seek. Include principals and supervisors under whom you have taught. (If you are a beginning teacher include cooperating teacher, college supervisor, and/or major professors.)

\* PLEASE INCLUDE REFERENCES EVEN IF YOU HAVE A PLACEMENT FILE.

*COMPLETE ADDRESSES ARE REQUIRED INCLUDING ZIP CODES – PLEASE PRINT OR TYPE REFERENCES.*

REFERENCES		PROFESSIONAL ADDRESS AND PHONE NUMBERS	
NAME		SCHOOL OR LOCATION	AREA CODE/TELEPHONE
POSITION	STREET ADDRESS	CITY/ STATE/ ZIP CODE	

NAME		SCHOOL OR LOCATION	AREA CODE / TELEPHONE
POSITION	STREET ADDRESS	CITY / STATE / ZIP CODE	

## XI. WHY DID YOU CHOOSE EDUCATION AS A CAREER?

Please use your own handwriting

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By filing applications for employment with the City of Leeds Board of Education, I authorize full investigation of the information given in this application and consent to the representatives of the City of Leeds Board of Education contacting my references, previous employers, physicians, hospitals, schools attended, Department of Human Resources for child abuse, court officials, and law enforcement authorities. If employed, I agree to abide by all policies as set forth by the City of Leeds Board of Education. I also understand that any misstatement or omission of any information requested shall be a reason for nonemployment or dismissal from employment.

This application, transcript, references, and other data are the property of the City of Leeds Board of Education and will not be returned to the applicant.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ALL APPLICANTS ARE TO READ, COMPLETE AND SIGN THE  
STATEMENTS LISTED BELOW**

**HAVE YOU EVER?** *(each question must be answered):*

- A. Failed to have a contract renewed with a school system? \_\_\_\_\_  YES  NO
- B. Broken a contract with a school system? \_\_\_\_\_  YES  NO
- C. Been dismissed from employment with a school system or asked to resign?  \_\_\_\_\_  YES  NO
- D. Pled guilty or been convicted of a felony or misdemeanor? \_\_\_\_\_  YES  NO  
(A conviction record would not necessarily be a bar to employment.)
- E. Received an unsatisfactory performance evaluation from an employer? \_\_\_\_\_  YES  NO

By filing applications for employment with the City of Leeds Board of Education, I authorize full investigation of the information given in this application and consent to the representatives of the City of Leeds Board of Education contacting my references, previous employers, physicians, hospitals, schools attended, Department of Human Resources of child abuse, court officials, and law enforcement authorities. I further understand that the use of this application does not indicate there are any positions open and does not in any way obligate the City of Leeds Board of Education. This application will remain active for a period of one (1) year after which time it must be renewed by written request. If employed, I agree to abide by all policies as set forth by the City of Leeds Board of Education. I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

This application, transcript, references, and other data are the property of the City of Leeds Board of Education and will not be returned to the applicant.

**MY PAST EMPLOYERS MAY BE CONTACTED**  YES  NO

**MY PRESENT EMPLOYER MAY BE CONTACTED**  YES  NO

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your application will receive consideration as openings occur for the positions listed by you on page one. In particular, we wish to note that although we have asked for certain personal data on this form, we conform to all local, state, and federal laws in regard to non-discrimination based on age, gender, race, religion, national origin, creed, or physical disability.

**CITY OF LEEDS BOARD OF EDUCATION**

**Personnel Department**

**P.O. Box 1083**

**Leeds, AL 35094**

**Dr. Billy Pack**

**Superintendent**

TELEPHONE 205/699-5437

FAX 205/699-6629

**CITY OF LEEDS BOARD OF EDUCATION  
BACKGROUND CHECK**

I authorize representatives of the City of Leeds Board of Education to conduct background checks by contacting: physicians, hospitals, Department of Human Resources for child abuse, court officials and law enforcement authorities. I also understand that any misstatement or omission of any information requested may be reason for non-employment or dismissal from employment.

NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

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For Office Use Only.

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

Comments: \_\_\_\_\_

\_\_\_\_\_

AN EQUAL OPPORTUNITY INSTITUTION  
SAFE SCHOOLS HOTLINE (888) 728-5437