

APPLICATION

Classified Personnel

Guntersville City Schools
P.O. Box 129
Guntersville, Alabama
Phone (256) 582-3159 Fax (256) 582-6158
www.guntersvilleboe.com

Please Attach Photo Here (Optional)

Name	Date
Present Address	Zip Code
Permanent Address	Zip Code
Telephone Number	Social Security Number
Birthplace	
Do you have any health problems which cou	uld affect your assignment if employed? Yes No
If yes, explain:	Date of last physical exam
Position for Which You Are Applying	
Are there any experiences, skills or qualifications	which you feel would especially fit you for work with this school system? List
List any machines you can operate that wou	uld be useful to the position for which you are applying.
If you are accepted for work, on what date	will you be able to begin?
Date	Signature
	hat no person shall be denied employment, be excluded from participation in, be denied program or activity on the basis of sex, race, religion, handicap, belief, national origin,
(Applicants do not write in the space below)	
Date of interview	
Assignment	Date of Employment

Education

School	Name & Address of School	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree	Year Attended
Elementary		5	6	7	8			
High		9	10	11	12			
College		1	2	3	4			
Other								

Other							
F	and December		<i>(</i>				
Employme			(Begi	in with present or most rece	nt employer)		
	& Address of Company d Type of Business	From	то	Describe Duties	Reason for Leaving	Superviso	
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Mav we cor	ntact the employers listed abo	ove?	If r	not, please indicate th	ose vou do not wish ı	us to contac	
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and wny							
Dorconal F	Onformens						
Personal References Name and Occupation				Address	Telephone	- No.	
Name and Occupation				7.00.000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Additional	Remarks:						