

TROY CITY SCHOOLS

APPLICATION FOR EMPLOYMENT

Non-Certified Personnel
Please Print or Type

Position Desired _____ Today's Date _____

- | | |
|--|---|
| <input type="checkbox"/> JANITOR / MAID | <input type="checkbox"/> TEACHER AIDE |
| <input type="checkbox"/> OFFICE / CLERICAL | <input type="checkbox"/> SUBSTITUTE TEACHER |
| <input type="checkbox"/> CHILD NUTRITION PROGRAM | <input type="checkbox"/> MAINTENANCE |

PERSONAL

Social Security Number: _____

Name: _____
Last
First
Middle

Present Address: _____
Street
City
State
Zip

Phone Number: (_____) _____ Place of Birth _____
City
State

Permanent address if different: _____
Street
City
State
Zip

EDUCATION

(Check appropriate block)

High School Graduate If not, give highest grade completed _____

Vocational Training GED College Other

Give the following information for each block checked above:

NAME OF SCHOOL	LOCATION	DATES ATTENDED		TYPE COURSES
		FROM	TO	

List those specific courses and special training relative to your application for this job

Please Check One of the Following:

To monitor compliance with our court ordered consent decree, **we require the following information**
 White Non-Hispanic _____ Black Non-Hispanic _____ Hispanic _____ Asian/Pacific Islander _____
 American Indian/Alaskan Native _____

EMPLOYMENT HISTORY

From	To	Name of Firm	Address	Salary		Position, duties, and Reason for Termination
				Beg.	Last	

List any experience or skills that qualify you for this position with the Board of Education:

GENERAL INFORMATION

When can you start work? _____ What wage or salary do you expect? _____

List three (3) references (other than relatives):

Name	Address	Phone Number

Have references who have first hand knowledge of your work performance, other than relatives, to complete the enclosed reference forms. One of the three must be from your current or last supervisor. Have these mailed directly to:

Superintendent
 Troy City Board of Education
 P.O. Box 529
 Troy, AL 36081

Have you ever been convicted of a felony? _____

If yes, give particulars of each conviction and state what disposition was made of each.

To the best of my knowledge, all information provided is true and accurate.

 YOUR SIGNATURE

It is the policy of the Troy City Board of Education that applicants for positions will be selected on the basis of qualifications, merit and professional ability. No person shall be denied employment, re-employment, advancement nor shall be subjected to discrimination in any program or activity, on the basis of sex, age, marital status, race, religion, belief, color, national origin, ethnic group or disability.

TROY CITY SCHOOLS
Non-Certified Personnel Reference Form

Please Return To:
Superintendent
Troy City Schools
P.O. Box 529
Troy, AL 36081

The individual whose name is shown below has applied for a position in the Troy City Schools and has named you as a reference. Please complete this form and return it at your earliest convenience. The information on this form is confidential; therefore, the form **CANNOT** be returned by the applicant. This applicant cannot be considered for employment in the system until all completed references are on file.

Applicant's Name: _____ Position applied for: _____

Note: Please rate this application in each of following categories by comparing this individual with others you have observed or for whom you have had evaluative responsibility. Check only one column per line.

CATEGORY	UPPER 10%	UPPER 25% BUT NOT UPPER 10%	UPPER 50% BUT NOT UPPER 25%	LOWER 50% BUT NOT LOWEST 10%	LOWEST 10%	NO BASIS FOR JUDEMENT
1. Attendance						
2. Enthusiasm						
3. Dependability						
4. Appearance/Grooming						
5. Ability to work with others						
6. Willingness to follow directions from supervisors						
7. Attitude						
8. Initiative and resourcefulness						
9. Punctuality						
10. Skill for this position						

OVERALL RATING OF THIS APPLICANT: (please circle one)

Above Average

Average

Below Average

In what capacity have you had the opportunity to evaluate the applicant? _____

Would you employ this person? Yes _____ No _____

How many years have you known the applicant? _____

Do you think this individual is suitable for employment in the school system in some capacity? Yes____ No____

Please add any comments or information that you desire: _____

Please furnish the following information on yourself:

Name: _____

Signature: _____

Where Employed: _____

Date: _____

Position: _____

Contact Phone: _____

Address: _____

Office Phone: _____

