Boaz City Schools
126 Newt Parker Drive
Boaz, AL 35957
(256) 593-8180
(256) 593-8181 Fax

SUMMER PROGRAM APPLICATION

Position applied for (check one or more) ☐ Teacher ☐ Support Staff

Indicate preference ☐ Community Education Day Camp (morning)

☐ Community Education Day Camp (afternoon)

Name_____ _____ _____
First M Last

Address_____ _____ _____ _____
Street or P. O. Box City State Zip

Social Security No. _____ Phone Number _____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, explain:_____

Are you presently working in the Boaz City School System? ☐ Yes ☐ No If yes, stop here except for your signature and the date on the back.

Have you previously worked in the Boaz City School System ☐ Yes ☐ No If yes, in what status

Regular Teacher ☐ Aide ☐ Other _____

EDUCATION

	NAME OF SCHOOL	AREA OF STUDY	DEGREE	YEAR OF GRADUATION	YEARS SPENT
High School					
Jr. College		Major Minor			
University		Major Minor			
Graduate Work					

SEE BACK PAGE

Revised 3/28/11

FORMER EMPLOYERS: (List below last four employers, starting with last one first)

Date Month / Year	Name & Address Of Employer	Type of Work	No. of Years	Reason for Leaving
From To				
From To				
From To				
From To				

FEFERENCES

NAME	POSITION	ADDRESS & PHONE NO.
1.		
2.		
3.		
4.		

_____ _____

Signature Date

FOR OFFICE USE ONLY

Results of Reference Check:

1. _____

2. _____

3. _____

Date Employed _____ **Position** _____

NOTE: Any false information knowingly given on this application is grounds for dismissal.

It is the policy of the Boaz 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 sex, race, religion, handicap, belief, national origin, age, or ethic group.