

Office Use Only:
Temp. Status Granted _____
Date Granted _____
Clearance Date _____

**Elba City Board of Education
131 Tiger Drive
Elba, Alabama 36323
(334) 897-2801
Fax: (334) 897-5601**

APPLICATION FOR NON-CERTIFIED/ SUPPORT PERSONNEL

Date of Application _____

PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____ Race _____

Phone Number _____ Date of Birth _____

Are you presently employed? _____ If so, please list name and address of present employer?

EMPLOYMENT DESIRED

Substitute Teacher _____
Secretarial/Clerical _____
Bus Driver _____
Janitorial _____
Lunchroom Staff _____

Teacher Aide _____
School Nurse _____
Substitute Bus Driver _____
Substitute Janitorial _____
Substitute Lunchroom _____

Please list education:

Please list employment experience (on back, if necessary):

