

**Talladega County Schools**  
**P. O. Box 887**  
**Talladega, AL 35161**  
**Phone: (256) 315-5100 Fax: (256) 315-5152**  
[www.tcboe.org/jobs](http://www.tcboe.org/jobs)

Click on "Jobs" for current postings

SUPPORT APPLICANT INSTRUCTIONS

Applicants must provide the following documents with their application for employment.  
 Applications will not be accepted unless they are complete.

	Current Driver License	Original Social Security Card	Diploma, Transcript, or GED	Background Check	College Transcript & Copy of Nursing License	Passed the Work Keys Exam or 48 hours of College Credit
<b>Bus Driver</b>	√	√		** see note below		
<b>Clerical</b>	√	√	√	** see note below		
<b>Custodian</b>	√	√		** see note below		
<b>Food Service</b>	√	√	√	** see note below		
<b>Instructional Asst.</b>	√	√	√	** see note below		√
<b>Maintenance</b>	√	√	√	** see note below		
<b>Mechanic</b>	√	√	√	** see note below		
<b>Nurse</b>	√	√		** see note below	√	
<b><u>Substitutes</u></b> <b><u>(please see additional information)</u></b>	√	√	√	√		

**Substitute Applicants: (includes substitute teacher, bus, food service, & custodian)**

**All substitutes are required to have a background check prior to being placed on the substitute list.**

You will need to contact Cogent Systems at (866) 989-9316 or [www.cogentid.com/AL](http://www.cogentid.com/AL) to schedule an appointment. They are an independent agency hired by the Alabama State Dept. of Education. Our office is not connected with Cogent Systems and will be unable to obtain any information regarding your background check. Please see attachment for more information.

**In addition to the background check, substitute teacher applicants will be required to submit a**

**substitute teacher license application along with a \$30.00 money order made payable to the State Department of Education. The license application and money order will need to be submitted to the Board of Education along with your application and all necessary documents checked above.**

A letter of interest must be submitted to Dr. Karen Culver, Coordinator,  
**Personnel, for each position when it is posted prior to the closing date.**



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Support Personnel Application

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				Cell Phone								
Social Security Number						Email						
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
<i>(Failure to disclose could constitute sufficient grounds for removal of this application or termination, if employed.)</i>												
Position Applied for						School(s) / Location						
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list three professional references. Do not include family members.</i>												
Full Name						Relationship						
Company						Phone ( )						
Address												
Full Name						Relationship						
Company						Phone ( )						
Address												
Full Name						Relationship						
Company						Phone ( )						
Address												



*Bus Driver Applicants: (including Special Education Instructional Assistants) Complete the following:*

Name on Driver License: \_\_\_\_\_ Driver License Number: \_\_\_\_\_  
Number of Traffic Tickets received in the past five (5) years: \_\_\_\_\_  
Describe Violations: \_\_\_\_\_  
Driving Experience: \_\_\_\_\_

• **Substitute Teacher Applicants:** (Diploma or GED Required)

Do you presently hold a valid Alabama Teacher Certificate? \_\_\_ Yes \_\_\_ No

Do you presently hold a valid Alabama Substitute Certificate? \_\_\_ Yes \_\_\_ No

**Available to substitute  
in which of the following  
schools:**

- |  |   |
|--|---|
| <input type="checkbox"/> B.B Comer Elementary    | <input type="checkbox"/> Munford Elementary                   |
| <input type="checkbox"/> B.B.Comer High          | <input type="checkbox"/> Munford High                         |
| <input type="checkbox"/> Childersburg Elementary | <input type="checkbox"/> Munford Middle                       |
| <input type="checkbox"/> Childersburg High       | <input type="checkbox"/> Stemley Road Elementary              |
| <input type="checkbox"/> Childersburg Middle     | <input type="checkbox"/> Sycamore Elementary                  |
| <input type="checkbox"/> Drew Middle             | <input type="checkbox"/> Talladega County Central High School |
| <input type="checkbox"/> Fayetteville School     | <input type="checkbox"/> Watwood Elementary                   |
| <input type="checkbox"/> Lincoln Elementary      | <input type="checkbox"/> Winterboro School                    |
| <input type="checkbox"/> Lincoln High            | <input type="checkbox"/> Genesis Alternative Education Center |

The following is **OPTIONAL** and will be used for statistical purposes only:

Race (Check one):	<input type="checkbox"/> (01) White	<input type="checkbox"/> (04) American Indian
	<input type="checkbox"/> (02) Black	<input type="checkbox"/> (05) Asian
	<input type="checkbox"/> (03) Hispanic	<input type="checkbox"/> (06) Other
Sex (Check one):	<input type="checkbox"/> (F) Female	<input type="checkbox"/> (M) Male
	D.O.B. ____/____/____	

- No person shall be denied employment in, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of sex, race, religious beliefs, national origin, ethnic group or disability.
- Applicants are encouraged to attach any items which will assist in the evaluation of this application.

**I understand that any false statement in this application constitutes sufficient grounds for removal of this application or termination, if employed.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_