Mr. Mrs. Miss					
MsFIRST	MIDDLE	MAIDEN		ST	
MAILING ADDRESS		Cľ	ТҮ	STATE	ZIP
SOCIAL SECURITY #	DATE OF BIRTH	HOME PHO	ONE #	WORK PHONE #	
E-MAIL ADDRESS		CELL PHO	NE		
NAME OF HIGH SCHOOL – C	ITY, STATE		GRADE COM	PLETED	YEAR
COLLEGE			YEARS COMP	PLETED	DEGREE
HAVE YOU EVER BEEN CON	VICTED OF A CRIME?	IF YES, PI	LEASE EXPLAIN ON	I BACK.	
OTHER TRAINING RELATED	TO FOOD SERVICE:				
WORK EXPERIENCE:					
EMPLOYER'S NAME	PHONE #		ATES OF SERVICE	P	OSITION
EMPLOYER'S NAME	OYER'S NAME PHONE #		DATES OF SERVICE		OSITION
PLEASE LIST ANY SPECIAL S	SKILLS TAT WOULD QUAL	IFY YOU FOR A C	CAFETERIA MANAC	GER'S POSIT	ΓΙΟΝ:
PLEASE EXPLAIN WHY YOU	WOULD BE INTERESTED I	N A MANGER'S P	OSITION:		
PLEASE LIST TWO REFEREN	CES (DO NOT INCLUDE RE	ELATIVES):			
NAME	RELATIO	ONSHIP AI	DDRESS	P	HONE
NAME	RELATIO	ONSHIP AI	DDRESS	P	HONE

By filing this application for employment with the Opelika City Schools, I understand that any misrepresentation or omission of facts on the application is cause for termination from the system's schools, and if employed, I agree to abide by all the policies set forth by the Opelika City Board of Education. I authorize the Opelika City Schools to contact my previous employer(s) and to perform a background check through the State of Alabama Administrative Office of Courts.

OPELIKA BOARD OF EDUCATION NON-DISCRIMINATION STATEMENT

The Opelika City School Board of Education is an equal educational opportunity agency and prohibits discrimination in any of its educational programs, including employment, on the basis of sex, race, religion, national origin, color, age or handicapping condition. The Board of Education complies fully with the provisions of Title IX of the Education Amendments of 1972, Section 504 Rehabilitation Act of 1973 and the appropriate department of education regulations.

Inquiries concerning the application of the Title IX or Section 504 and its regulations in the Opelika City Schools should be directed to the Compliance Officer at the following address:

Assistant Superintendent for Administration Opelika City Schools Board of Education P. O. Box 2469 Opelika, AL 36803-2469 (334) 745-9700

AMERICANS WITH DISABILITIES ACT

The Assistant Superintendent of Administration is designated by Board policy as the Board's Americans with Disabilities Act Specialist. The ADA Specialist may be reached at the following address:

ADA Specialist Opelika City Board of Education P.O. Box 2469 Opelika, AL 36803-2469 (334) 745-9700 Fax: (334) 745-9706

I have read and understand the Non-Discrimination statement and the Americans with Disabilities Act.

SIGNATURE OF APPLICANT: _____

DATE: _____