

**OPELIKA CITY SCHOOLS**  
**P. O. BOX 2469**  
**OPELIKA, AL 36801-2469**  
**(334) 745-9700**

**EXTENDED DAY PROGRAM**  
**APPLICATION**

Mr.  
Mrs.  
Miss  
Ms.

\_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP

\_\_\_\_\_  
SOCIAL SECURITY # DATE OF BIRTH HOME PHONE # WORK PHONE #

\_\_\_\_\_  
E-MAIL ADDRESS CELL PHONE

\_\_\_\_\_  
NAME OF HIGH SCHOOL – CITY, STATE GRADE COMPLETED YEAR

\_\_\_\_\_  
COLLEGE YEARS COMPLETED DEGREE

OTHER TRAINING: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ IF YES, PLEASE EXPLAIN FULLY ON BACK.

WORK EXPERIENCE:

\_\_\_\_\_  
EMPLOYER'S NAME PHONE # DATES OF SERVICE POSITION

\_\_\_\_\_  
EMPLOYER'S NAME PHONE # DATES OF SERVICE POSITION

VOLUNTEER LEADERSHIP EXPERIENCE OR EXTRACURRICULAR EXPERIENCE IN RELATED AREAS (INCLUDE, PLACE AND NATURE OR SERVICE):

HEALTH, PE, OR RECREATION \_\_\_\_\_

DRAMATICS \_\_\_\_\_

MUSIC (VOCAL OR INSTRUMENTAL) \_\_\_\_\_

COMMUNITY SERVICE \_\_\_\_\_

CAMPING OR OUTDOOR LIFE \_\_\_\_\_

ARTS AND CRAFTS \_\_\_\_\_

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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

PLEASE LIST TWO REFERENCES (DO NOT INCLUDE RELATIVES):

\_\_\_\_\_  
NAME RELATIONSHIP ADDRESS PHONE

\_\_\_\_\_  
NAME RELATIONSHIP ADDRESS PHONE

\_\_\_\_\_  
NAME RELATIONSHIP ADDRESS PHONE

COMMUNITY EDUCATION SKILLS BACKGROUND:

CHECK ALL ACTIVITIES BELOW IN WHICH YOU HAVE SPECIAL KNOWLEDGE OR HAVE HAD SPECIALIZED TRAINING:

ART

- \_\_\_ DRAWING/SKETCHING
- \_\_\_ PAINTING
- \_\_\_ CERAMICS
- \_\_\_ OTHER
- \_\_\_ PERFORMING ARTS
- \_\_\_ DANCE
- \_\_\_ MUSIC
- \_\_\_ DRAMA
- \_\_\_ OTHER

CREATIVE ACTIVITIES

- \_\_\_ KNITTING
- \_\_\_ CALLIGRAPHY
- \_\_\_ FLOWER ARRANGING
- \_\_\_ NEEDLEPOINT
- \_\_\_ PHOTOGRAPHY
- \_\_\_ JEWELRY
- \_\_\_ LEATHERCRAFT
- \_\_\_ WOODWORKING
- \_\_\_ WEAVING
- \_\_\_ BASKETRY
- \_\_\_ ORIGINAL
- \_\_\_ OTHER

SPORTS AND RECREATION

- \_\_\_ ARCHERY
- \_\_\_ BADMINTON
- \_\_\_ BOWLING
- \_\_\_ CHEERLEADING
- \_\_\_ GYMNASTICS
- \_\_\_ TABLE TENNIS
- \_\_\_ SKATING
- \_\_\_ KARATE

OUTDOOR ACTIVITIES

- \_\_\_ FISHING
- \_\_\_ BIRDWATCHING
- \_\_\_ CAMP CRAFTS
- \_\_\_ GARDENING
- \_\_\_ OTHER

TEAM SPORTS (CHECK THOSE WHICH APPLY)

	TEACHING	OFFICIATING	PARTICIPANT
BASKETBALL	_____	_____	_____
BASEBALL	_____	_____	_____
FOOTBALL	_____	_____	_____
SOCCER	_____	_____	_____
SOFTBALL	_____	_____	_____
VOLLEYBALL	_____	_____	_____

DO YOU SPEAK A FOREIGN LANGUAGE? \_\_\_\_\_ IF YES, SPECIFY A LANGUAGE \_\_\_\_\_

HAVE YOU HAD COURSES IN ANY OF THE FOLLOWING (CHECK ALL THAT APPLY)

- \_\_\_ BABYSITTING
- \_\_\_ SLIMNASTICS
- \_\_\_ FIRST AID
- \_\_\_ WATER SAFETY
- \_\_\_ CARDIO-PULMONARY RESUSCITATION (CPR)
- \_\_\_ CHARM AND GROOMING

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