

GRADUATION YEAR _____

**OPELIKA CITY SCHOOLS
JOB APPLICATION
HIGH SCHOOL STUDENT**

FIRST MIDDLE LAST

MAILING ADDRESS CITY STATE ZIP

SOCIAL SECURITY # DATE OF BIRTH

HOME PHONE # CELL PHONE # E-MAIL ADDRESS

ARE YOU CURRENTLY ENROLLED IN HIGH SCHOOL? _____

NAME OF HIGH SCHOOL GRADE LEVEL

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

WORK EXPERIENCE:

NAME OF BUSINESS NAME OF SUPERVISOR

DATE OF EMPLOYMENT DATE OF TERMINATION POSITION

NAME OF BUSINESS NAME OF SUPERVISOR

DATE OF EMPLOYMENT DATE OF TERMINATION POSITION

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

TO BE USED BY CENTRAL OFFICE ONLY:
DATE & TIME OF INTERVIEW: _____
DATE OF HIRE: _____

**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: _____