HENRY COUNTY BOARD OF EDUCATION Application For Employment

We are an Equal Opportunity Employer and are committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information								
Name								
Address			City State		State	Zip		
Phone Number	Mobil	le Number	Email Address					
Are You A U.S.			Have You Ever Been Convicted Of A Felony?					
Citizen? Yes ☐ No ☐			Yes No No					
Describe Special Training, Hobbies, Interests you have that would be helpful in working with the Board of Education:								
Position								
Position Applying For (App Is Void if No Position Listed)			Available Start Date					
Education								
School Name Location		Location	Years Attended		Degree Received	Major		
·								
References								
Name		Title		Company	Phone			
	_							
List Family or Friends Employed with the Board of Education								
	ame		Relationship					

Employer (1)	Job Title	Dates Employed
Work Phone	Address	City, State
Employer (2)	Job Title	Dates Employed
Work Phone	Address	City, State
Employer (3)	Job Title	Dates Employed
Work Phone	Address	City, State
Employer (4)	Job Title	Dates Employed
Work Phone	Address	City, State

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my discharge.

I further understand that neither this document nor any offer of employment for the Henry County Board of Education constitutes an employment contract unless a special document is executed by the Henry County Board of Education and myself in writing.

I further understand that I may be subject to a pre-employment drug/alcohol screening.

I hereby authorize investigation of all statements contained in my application for employment with the Henry County Board of Education. All persons, firms, and entities listed in my application and all law enforcement and/or governmental agencies are hereby authorized to release any information or records concerning me to the Henry County Board of Education or its designated agent. I hereby release said persons, firms, and entities from any liability as a result of the furnishing of such records and information.

Name (Please Print)	Signature
Date	