

# WHITFIELD COUNTY BOARD OF EDUCATION

## APPLICATION

APPLICANT INFORMATION										
Last Name				First				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
EDUCATION										
<b>High School</b>				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
<b>College</b>				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
<b>Other</b>				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
OTHER QUALIFICATIONS										
Elected posts held with terms of office										
Have you ever been convicted of a felony?										
		YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Any additional qualifications:										
PREVIOUS EMPLOYMENT / EXPERIENCE										
<b>Company</b>					Phone					
Address					Years					
<b>Company</b>					Phone					
Address					Years					
<b>Other Relevant Experience</b>										
DISCLAIMER AND SIGNATURE										
After reviewing the qualifications and training requirements, please sign below indicating that you meet the qualifications and that you agree to comply with the training requirements:										
Signature	_____				Date	_____				
Print	_____									