

**TEACHER APPLICATION**

1. Complete the teacher application by keying information into the blanks.
2. Collect the following required supporting documents:

* Current résumé
* Copy of Alabama teacher certificate
* Documentation showing background check requirements are met, including fingerprinting (if not included on teacher certificate)

Email the application packet to:

* Madison City Schools Support Center – Sheri Smith – [**sdsmith@madisoncity.k12.al.us**](mailto:adstrode@madisoncity.k12.al.us)

1. Ask your principal to write a letter of recommendation, on school letterhead, and mail it directly to your regional support center. Mail to: ACCESS/Madison City Schools, 211 Celtic Drive, Madison, AL 35758. Your principal’s letter of recommendation must provide information pertaining to your professional qualities/attributes and teaching abilities.
2. You will not be considered for employment until all documentation has been received.
3. Regional support center staff may contact you to schedule a phone interview.
4. Teacher training is by invitation only. Once training is completed, course assignment is not guaranteed.

**For Support Center Use Only:   
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_** **Résumé  
\_\_\_\_\_Teacher Certification  
\_\_\_\_\_Background check  
\_\_\_\_\_Principal’s Letter  
\_\_\_\_\_Interview Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Notes:**



**Date**

|  |  |
| --- | --- |
| **Name** |  |
| **Home Address** |  |
| **Preferred Phone Contact Number** |  |
| **Home Email Address** |  |

**Do you have high speed internet at home? Y**  **N**

**What type of computer do you have at home?**

**Current Status: Employed**  **Retired**  **Other**

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| --- | --- |
| **School System and School Name (if employed):** |  |
| **School Phone** |  |
| **School Email Address** |  |

**Alabama Teacher Certificate Number**      

| **List courses you are qualified to teach (including AP). Include the *number* of years of teaching experience you have in each of these courses.** | | | |
| --- | --- | --- | --- |
| **COURSE** | **NUMBER OF YEARS** | **COURSE** | **NUMBER OF YEARS** |
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| **List the names and contact information of three (3) professional references in the space provided. .below.** | | | |
| **NAME** | **RELATIONSHIP** | **TELEPHONE** | **EMAIL ADDRESS** |
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***As an ACCESS teacher, you will be required to attend online faculty meetings and participate in ongoing ACCESS professional development.***