

**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**
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** **[ ]**

|  |  |
| --- | --- |
| **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** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| **List the names and contact information of three (3) professional references in the space provided. .below.** |
| **NAME** | **RELATIONSHIP** | **TELEPHONE** |  **EMAIL ADDRESS** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 ***As an ACCESS teacher, you will be required to attend online faculty meetings and participate in ongoing ACCESS professional development.***