

**After School Childcare Program  
Baldwin County Public Schools Application**

Complete this Application Form and submit to the Afterschool Care Program Office or  
the Site Manager for Afterschool Care at the School.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you certified as a classroom teacher?  Yes  No Is Certification current?  Yes  No

BCBE Certification Date Completed: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**BCBOE Employee # \_\_\_\_\_ If Non-BOE employee, fingerprint completion date: \_\_\_\_\_**

At which school would you prefer to work? \_\_\_\_\_

Are there other schools at which you would be willing to work if needed? \_\_\_\_\_

**Required Information:** Education (Location/dates/certificates or diplomas earned)

How many afternoons per week would you be willing/able to work each week if selected for employment?

1    2    3    4    5

Are there specific afternoons each week, when you know you would be unavailable to work in our program?  
If so, please list these.

\_\_\_\_\_

Work history: MUST BE COMPLETED or application is considered incomplete: (beginning with current)

| Location | Position(s) | Months/year employed |
|----------|-------------|----------------------|
| _____    | _____       | _____                |
| _____    | _____       | _____                |
| _____    | _____       | _____                |
| _____    | _____       | _____                |

**Professional References: email address required**

1) \_\_\_\_\_ Email Address: \_\_\_\_\_

2) \_\_\_\_\_ Email Address: \_\_\_\_\_

3) \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of the facts shall be sufficient cause for the disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of The Afterschool Care Program and Baldwin County Public School System it. I further agree to observe all rules, regulations, policies of the School System and ASCC Handbook.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return application to:      The Site Manager at the School or mail to:  
Baldwin County Board of Education  
Afterschool Care Program  
600 Blackburn Avenue  
Bay Minette, AL 36507

**APPLICATIONS WILL NOT BE CONSIDERED IF INCOMPLETE**