



SUPPLEMENT EXS

This supplement is to be completed for verification of professional educational experience for individuals seeking a letter of qualification for candidacy as an Alabama county superintendent of education pursuant to Sections 16-9-2 and 16-9-4, *Code of Alabama 1975*. **To allow time for processing, forms should be received in the Educator Certification Section at least two weeks prior to the last date candidates may qualify.**

If Supplement EXS is faxed or emailed to the Department, the original must still be forwarded through the U.S. Postal Service.

Professional Educational Experience

Section 16-9-2, *Code of Alabama 1975*, requires proof of five years of public-school work experience **AND** Section 16-9-2, *Code of Alabama 1975*, requires proof of three years of successful educational experience as a teacher, principal, supervisor, superintendent, educational administrator, or instructor in school administration *during the five years next preceding appointment or election*.

Some counties require additional experience. For information, contact the Office of the Probate Judge in the county for which you are seeking election.

I. PERSONAL DATA: TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Cell Telephone		Home Telephone		Work Telephone	
()		()		()	
Social Security Number		Date of Birth (mm-dd-yyyy)		E-mail Address	
- -		- -			
FOR STATISTICAL PURPOSES ONLY					
Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander		

I intend to be a candidate for superintendent of education in _____ county.
 (Name of Alabama county school system)

_____ Date

_____ Signature of Applicant

Name: _____

Social Security Number: _____

SECTIONS II. AND III. ARE TO BE COMPLETED BY THE HUMAN RESOURCES/PAYROLL OFFICER.

DO NOT RETURN THIS FORM TO THE APPLICANT. FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ADDRESS ON PAGE ONE.

II. EMPLOYMENT INFORMATION

Name of School System

From: Month/Day/Year	To: Month/Day/Year	Specific Grade(s) Taught	Specific Subject Area(s)	Position(s) Held	Full Time /Part Time
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

III. I certify that all of the above information pertaining to this individual is true and correct:

A notary seal must be affixed to this form.

Sworn to and subscribed before me this _____ day of _____

Seal and Signature of Notary Public

My Commission Expires: _____

Signature of:
Human Resources/Payroll Officer

Typed or Printed Name

Position Held

School System

Address

City/State/ZIP Code

Telephone Number

Date