

APPLICATION
TIFT COUNTY SCHOOLS

TO BE COMPLETED BY APPLICANT IN DARK INK OR TYPED.

DATE: _____

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____ TELEPHONE: _____

MAILING ADDRESS: _____
STREET, RFD, OR BOX CITY STATE & ZIP CODE

EDUCATION: (CIRCLE HIGHEST LEVEL COMPLETED)

ELEMENTARY 7 8 9 10 11 12

SOME COLLEGE

COLLEGE GRADUATE

SKILLS/EXPERIENCE _____

NAME OF YOUR EMPLOYER: _____ HOW LONG: _____

LIST YOUR THREE PREVIOUS EMPLOYERS BEGINNING WITH THE MOST RECENT. IF NOT EMPLOYED IN THE LAST THREE YEARS, LIST THREE REFERENCES (NOT RELATED TO YOU) AND ADDRESSES.

EMPLOYER	ADDRESS	DATES	REASON FOR LEAVING
1. _____			
2. _____			
3. _____			

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO. IF ANY QUESTION IS ANSWERED "YES", AN EXPLANATION MAY BE ATTACHED. PLEASE EXCLUDE EVENTS PRIOR TO YOUR SIXTEENTH BIRTHDAY.

	YES	NO
HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION OR THE ARMED FORCES FOR UNPROFESSIONAL CONDUCT?	_____	_____
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OTHER THAN A MINOR TRAFFIC OFFENSE?	_____	_____
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	_____	_____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU PREVIOUSLY WORKED FOR TIFT COUNTY SCHOOLS? _____ WHEN: _____

WHERE: _____ WHY DID YOU LEAVE? _____

PERSONAL AFFIRMATION. TO BE COMPLETED BY ALL APPLICANTS. KNOWING THAT FALSE STATEMENTS MADE IN THIS APPLICATION MAY CONSTITUTE SUFFICIENT GROUNDS TO REVOKE OR DENY A CERTIFICATE, I AFFIRM THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION IS TRUE AND CORRECT.

SIGNATURE / DATE

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF AGE, RACE, COLOR, NATIONAL ORIGIN, SEX, OR HANDICAP. THE TIFT COUNTY SCHOOL SYSTEM DOES NOT DISCRIMINATE IN ANY EDUCATIONAL PROGRAM OR IN EMPLOYMENT POLICIES.