

229-937-2405

PERSONAL

LAST NAME		FIRST NAME		MIDDLE NAME	
TODAY'S DATE _____					
PRESENT ADDRESS					
STREET		CITY		STATE ZIP AREA CODE TELEPHONE	
PERMANENT ADDRESS					
STREET		CITY		STATE ZIP AREA CODE TELEPHONE	
ARE YOU A U.S. CITIZEN? ____YES ____NO BUSINESS PHONE (____) _____					
POSITION DESIRED _____					
DATE AVAILABLE FOR EMPLOYMENT _____					

EDUCATION

Name of School and Location (Include High School, Colleges, Graduate School) Transcripts Required to Complete Application	Dates	Degree, Diploma, Or Number of Graduate Hours Toward Advanced Degree	Major/ PSC GA Certification	Did you receive a Graduation Diploma?
COLLEGE (4 YEAR)				
TECHNICAL SCHOOL (2 YEAR)				
HIGH SCHOOL				

Do you hold a Substitute Teacher Certificate? _____ Yes _____ No

EMPLOYMENT

List all full-time employment as well as any special training which you believe will contribute to your success in this district. (Do not list summer jobs unless they are significant to your application.)			
POSITION	FIRM OR AGENCY	ADDRESS	DATES From To

PERSONAL DATA

How many days were you absent from work last year? _____

Primary reason: _____

List special interests or hobbies: _____

Are you presently working or under contract? ☐ Yes ☐ No

Have you ever been released from a job? ☐ Yes ☐ No If yes, explain below:

Have you ever been arrested, pleaded guilty or no contest to or been convicted of any criminal offense other than a minor traffic offense? ☐ Yes ☐ No If so, please give detailed information below as to each offense, including, the specific offense for which you were charged, the disposition of the offense and the date, court, state and county where you were charged. (Attach another sheet if necessary.)

MILITARY

Branch of Service	Inclusive Dates	No. Months/Years	Highest Rank	Type of Discharge

REFERENCES

NAME	POSITION	ADDRESS	TELEPHONE	
			HOME	BUSINESS

Do you have a placement file? ☐ Yes ☐ No You must request that your placement file be forwarded to this office.

SIGNATURE

By filing application for employment with the Schley County School District, if employed, I agree to abide by all the policies as set forth by the Schley County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Schley County School District contacting my references, previous employers, physicians, hospitals, schools attended, court officials, credit officials, and law enforcement authorities. I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

I understand and agree to a criminal record check as provided by the policies and rules of the Schley County Board of Education. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign the appropriate forms which the law enforcement agency may require me to sign consenting to a criminal record check through the National Crime Information Center and the Georgia Crime Information Center. I understand that I will be considered only a temporary employee pending the outcome of a criminal record check.

APPLICANT'S SIGNATURE _____ Date _____

NOTICE: The furnishing of false or misleading information or the intentional withholding of material facts, including facts concerning one's criminal record will constitute ground for immediate termination of employment.

This application will be retained in our file for 2 years from the date received.

It is the policy of Schley County Board of Education not to discriminate on the basis of age, sex, race, color, religion, national origin or handicap in its educational programs, activities or employment practices.