



APPLICATION FOR EMPLOYMENT IN THE TURNER COUNTY SCHOOL SYSTEM

TURNER COUNTY BOARD OF EDUCATION

423 North Cleveland Street

P.O. Box 609

Ashburn, Georgia 31714

229-567-3338

Name: _____

(As it appears on Social Security Card)

Mailing Address: _____

Physical Address: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Social Security Number: _____

Eligibility for a valid Georgia teaching certificate is a prerequisite for employment. Contact Georgia Professional Standards Commission, www.gapsc.com

POSITION(S) DESIRED:

☐

TEACHER:

☐

Early Childhood (PK-K)

Preferred Grade Level: _____

☐

Elementary (1-5)

Preferred Grade Level: _____

☐

Middle Grades (6-8)

Preferred Grade Level: _____

Area(s) of Concentration: _____

☐

Secondary (9-12)

Preferred Grade Level: _____

Area(s) of Concentration: _____

☐

OTHER:

☐

Administrator

Grade Level(s): _____

☐

Counselor

Grade Level(s): _____

☐

_____ Specialist

Grade Level(s): _____

☐

Clerical

☐

Custodial

☐

Lunchroom

☐

Paraprofessional

☐

Other

NOTE: An application is considered incomplete until all information has been received in the Board of Education Office. This application will be retained for two (2) years.

TEACHING EXPERIENCE/WORK HISTORY

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

TEACHING EXPERIENCE/WORK HISTORY continued

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

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Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

CERTIFICATE/EMPLOYMENT INFORMATION

Do you hold a Georgia teacher's certificate? _ If yes, type:_ Certificate No_

Fields or grades certified to teach_____

Undergraduate Major_____Graduate Major_____

Years of Teaching Experience:_____Years of Georgia Teaching Experience:_____

May we contact your present employer?_____ Can you come for an interview?_____

When can you begin work?_____ Have you had practice teaching?_____

May we contact your present employer?_____

EDUCATION

Name of School Attended	Date of Attendance	Area of Study	Degree Earned/ Date

This space is provided for more information in regard to your interest, abilities, extracurricular activities, experiences, etc. which have a bearing upon your interest in and qualifications for teaching.-

The following items become a part of your application for employment as a certified employee with the Turner County School System, pursuant to O.C.G.A. 20-2-211.

1. Have you ever been arrested, pleaded guilty or no contest to or been convicted of a criminal offense other than a minor traffic offense? Yes_____ No_____

2. If you answered yes to Question 1, 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.

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

3. I understand and agree to a criminal record check as provided by O.C.G.A 20-2-211, the policies and rules of the State Board of Education and of this board of education. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign the appropriate forms for 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 issued only a temporary contract of employment pending the outcome of a criminal record check.

Date:_____ **Signature:**_____

REFERENCES

List the name of three persons not related to you who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Federal law prohibits discrimination on the basis of race, color, or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972 and the Carl D. Perkins Vocational and Applied Technology Education Act of 1990); or disability (Section 504 of the Rehabilitation Act of 1973 and The American with Disabilities Act of 1990) in education programs or activities receiving federal financial assistance.

Employees, students, and the general public are hereby notified that the Turner County Board of Education does not discriminate in any educational programs or activities or in employment policies.

DO NOT WRITE IN THIS SPACE

Date _____ Received: _____

Acknowledge: _____

References Checked: _____

Interviewed: _____