

# Chattooga County Board of Education

## Instructions for Classified Applicants

You must complete the following. Applications not completed in full will not be considered for employment. Please do not return your application until all documents are complete.

### YOU MAY APPLY FOR AS MANY OF THE JOBS FOR WHICH YOU QUALIFY

1. Complete AND SIGN Application – May attach a resume
  2. Complete and sign Authorization form for Background check and Fingerprinting
  3. Three (3) work references – **Give one to each person used as a reference (may be given back to you or sent to the Personnel Office by fax, scanned email or in a sealed envelope.**
  4. **MUST include a copy of any that apply:** High School Diploma or GED Certificate, Transcripts, College Diploma, , CDL License, etc.
- 
5. **Fingerprinting will be required before you can begin working- you do not have to complete fingerprinting when you bring in application, only when you have had a job offer or would like to begin substituting.**
- 

Once you have had a job offer or would to begin substituting, please present a Money Order in the amount of **\$43.25** - payable to: **Chattooga County Board of Education**  
we cannot accept cash or personal checks

Once Money Order is presented to Human Resource Director you will be given an Authorization Form to have Fingerprinting completed at the Chattooga County Sheriff's Office on East Washington Street (behind Courthouse)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>Food Service Workers &amp; Food Service Subs</u></b></p> <ul style="list-style-type: none"><li>• Must meet the above listed requirements<br/>Minimum of an 8<sup>th</sup> grade education</li></ul>                                                                                                                                                                                                                                                                                                                                                                               | <p style="text-align: center;"><b><u>OUTSOURCED</u></b><br/><b><u>Paraprofessional Applicant</u></b><br/><b>MUST MEET THESE REQUIREMENTS</b></p> <p><b>No Child Left Behind Act of 2001 SEC. 1119</b><br/>New Federal Requirement – paraprofessional hired after 1/8/02, shall have one of the following:</p> <p>A. Completion of at least 2 years of study at an institution of higher education;</p> <p>B. An Associate's (or higher) degree; or</p> <p>C. Met a rigorous standard of quality and can demonstrate, through a formal state or local academic assessment-</p> <p style="padding-left: 40px;">i. Knowledge of, and the ability to assist in instructing, reading, writing, and mathematics; or</p> <p style="padding-left: 40px;">ii. Knowledge of, and ability to assist in instructing, reading readiness, writing readiness, and mathematics readiness, as appropriate.</p> <p><i>These new Federal Requirements apply to any paraprofessional applicant who is hired after January 8, 2002, and is to be employed in a Title I Schoolwide School or a Targeted Assisted School. Any paraprofessional hired prior to January 8, 2002 in the above-defined schools have 4 years to meet the new Federal requirements.</i></p> |
| <p style="text-align: center;"><b><u>Substitute Teacher Applicants</u></b></p> <p><u>Applies to CCBOE Subs &amp; Ashton Staffing Subs</u></p> <ul style="list-style-type: none"><li>• Must meet the above listed requirements</li><li>• Complete and receive a certificate for State Mandated Substitute Teacher Training through NW GA RESA <b><u>**YOU must register at <a href="http://www.nwgaresa.com">www.nwgaresa.com</a></u></b> and select a class date.</li><li>• Complete a scheduled orientation at one of our schools after receiving Board approval for employment</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b><u>Bus Drivers &amp; Sub Bus Driver Applicants</u></b></p> <ul style="list-style-type: none"><li>• Must meet the above listed requirements</li><li>• Submit to a pre-employment drug screening</li><li>• Submit to a physical</li><li>• Must have CDL license, with passenger endorsement – copy included in application</li><li>• Meet State Dept. of Education Requirements of six hours of empty driving time, and six hours of loaded bus route driving under supervision</li></ul>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**You will be notified when you are approved for employment.**

Once you receive approval, you must attend a scheduled orientation of policies and procedures, and complete all employment documents before you begin working. **E-Verify Employer**

**Chattooga County Board of Education  
33 Middle School Rd.  
Summerville, Georgia 30747**

**Phone: 706/ 857-3447    Fax: 706/ 857-3440  
Personnel Coordinator: (706) 859-3043**

**\* Tradition    \*Excellence    \*Vision**

An Equal Employment Employer

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**Employment Application  
For Classified Positions**

Please do not return your application until all documents are complete

Documents Enclosed: Application  
Authorization/Consent for Background / Fingerprints  
(3) Work Reference Forms – Give to references

**Applications will remain in effect for one (1) year**

Indicate the Position(s) for which you are applying:

\_\_\_ **Bus Driver**  
\_\_\_ **Clerical/Secretary**  
\_\_\_ **Food Service Assistant**  
\_\_\_ **Food Service Manager**  
\_\_\_ **Maintenance**  
\_\_\_ **Substitute (indicate position)** \_\_\_\_\_  
\_\_\_ **Other** \_\_\_\_\_

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

|                                                                                                                                                                                                                                    |                        |             |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|-------------------|
| <p align="center"><b>Chattooga County<br/>Board of Education<br/>33 Middle School Rd.<br/>Summerville, GA 30747</b></p> <p><b>Phone: 706-857-3447    Fax: 706-857-3440</b></p> <p><b>* Tradition    *Excellence    *Vision</b></p> | <b>Office Use Only</b> | <b>Info</b> | <b>Date Rec'd</b> |
|                                                                                                                                                                                                                                    | Interviewed            |             |                   |
|                                                                                                                                                                                                                                    | Recommendation         |             |                   |
|                                                                                                                                                                                                                                    | 3 Reference Forms      |             |                   |
|                                                                                                                                                                                                                                    | Consent Background     |             |                   |
|                                                                                                                                                                                                                                    | Fingerprinting         |             |                   |
|                                                                                                                                                                                                                                    |                        |             |                   |
|                                                                                                                                                                                                                                    | Training Verification  |             |                   |
|                                                                                                                                                                                                                                    | Education Credentials  |             |                   |
|                                                                                                                                                                                                                                    | Diploma                |             |                   |
| Tax Forms                                                                                                                                                                                                                          |                        |             |                   |

*The policy of the Chattooga County Board of Education is that no person because of race, color, religion, sex, age, physical disability or national origin will be discriminated against in employment, by a program or activity administered by this agency, or in any way be excluded from participation in or benefits of such program activities.*

## Personal Information

|                                  |                         |                                                  |
|----------------------------------|-------------------------|--------------------------------------------------|
| Date of Application              | Date Available to Start | Would you require a notice to previous employer? |
| Name                             |                         | Social Security Number                           |
| Mailing Address / Street Address |                         | Home Phone Number                                |
| City, State, Zip                 |                         | Cell Phone Number                                |

### In Case of Emergency Contact:

| Name | Relationship | Phone Number |
|------|--------------|--------------|
| 1.   |              |              |
| 2.   |              |              |

### Education

| List Most Recent First<br>List Schools Attended & Location | Dates Attended and/or<br>Expected Graduation Date | Diploma, Degree,<br>Certification and/or<br>License Received |
|------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| 1.                                                         |                                                   |                                                              |
| 2.                                                         |                                                   |                                                              |
| 3.                                                         |                                                   |                                                              |

### School Bus Driver Applicants Only:

I understand and agree that by answering the following questions and completing the attached Consent form for a criminal background check and fingerprinting as provided by O.C.G.A. 20-2-111, any offer/approval of employment can be terminated based on the furnishing of false or misleading information and/or the results of the background check or fingerprinting. You may explain any yes answer in the additional space provided.

| Years of Driving Experience? Specify                                                                             |       |     | Drivers License number | State Issued | Class | Expiration Date |
|------------------------------------------------------------------------------------------------------------------|-------|-----|------------------------|--------------|-------|-----------------|
| Car                                                                                                              | Truck | Bus |                        |              |       |                 |
| Please answer the following questions>                                                                           |       |     |                        |              | No    | Yes             |
| 1. Have you been involved as the driver in any traffic accident in the last three years?                         |       |     |                        |              |       |                 |
| 2. Have you ever been guilty of DUI?                                                                             |       |     |                        |              |       |                 |
| 3. Do you possess or have you possessed a valid driver's license from any state for driving a bus? Name of State |       |     |                        |              |       |                 |
| 4. Have you ever had a driver's license suspended or revoked due to driving violations other than for insurance? |       |     |                        |              |       |                 |
| 5. Are you willing to attend a school bus driver-training course?                                                |       |     |                        |              |       |                 |

**~ IMPORTANT ~**

### ALL APPLICANTS ANSWER THE FOLLOWING:

| ALL APPLICANTS ANSWER THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                                                                                       | No | Yes/<br>Explain |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------|
| I understand and agree that by answering the following questions and completing the attached Consent form for a criminal background check and fingerprinting as provided by O.C.G.A. 20-2-111 any offer / approval of employment can be terminated based on the furnishing of false or misleading information and / or the results of the background check or fingerprinting. You may explain any yes answers in the space provided below. |    |                 |
| 1. Have you ever been convicted of any criminal offense?                                                                                                                                                                                                                                                                                                                                                                                   |    |                 |
| 2. Are you willing and able to perform tasks involving moderate lifting, carrying, pulling, standing?                                                                                                                                                                                                                                                                                                                                      |    |                 |
| 3. Have you ever been arrested for any criminal offense?                                                                                                                                                                                                                                                                                                                                                                                   |    |                 |

If employed, I agree to abide by all the policies set forth by the Chattooga County Board of Education. I authorize full investigation for the information given in the application and consent in this application and consent to the representative of the school system to contact my references, previous employers, schools attended, and law enforcement authorities. I hereby understand and certify that all statements made in this application are true and complete. I understand that misrepresentation shall be reason for non-employment or dismissal from employment.

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

\_\_\_\_\_  
Date

## Employment History

| Employment History (list most recent first)<br>List Company or Institution, Address, Phone Number and Supervisor | List Job Title and Responsibilities/Duties | Dates of Employment<br>(Start – Ending Dates) |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| 1.                                                                                                               |                                            |                                               |
|                                                                                                                  |                                            |                                               |
|                                                                                                                  |                                            |                                               |
| 2.                                                                                                               |                                            |                                               |
|                                                                                                                  |                                            |                                               |
|                                                                                                                  |                                            |                                               |
| 3.                                                                                                               |                                            |                                               |
|                                                                                                                  |                                            |                                               |
|                                                                                                                  |                                            |                                               |

### References (Work – Related Only)

| Name | Mailing Address, City, State, Zip | Phone Number |
|------|-----------------------------------|--------------|
| 1.   |                                   |              |
| 2.   |                                   |              |
| 3.   |                                   |              |

### Work Skills

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| 1. List all Clerical/Secretary and Computer Skills you possess.                                               |
| 2. List any office equipment you can operate.                                                                 |
| 3. List any machinery you can operate.                                                                        |
| 4. In what capacity have you worked or would you be best suited to working with and/or being around children? |

**Chattooga County Board of Education**  
**Attn: Dawn Campbell, HR Director**  
**33 Middle School Rd.**  
**Summerville, GA 30747**  
**Phone: 706-859-3043      Fax: 706-857-3440**

## Reference Form

|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|---------|------------------|-----------|
| Applicant Name (Print)                                                                                                                                                                                                                                                                                                                                                                                  | Last 4 digits of Social Security Number                                                                            | Date            |                      |         |                  |           |
| Position(s) applying for:                                                                                                                                                                                                                                                                                                                                                                               | Area(s) of certification (Certified applicants only)                                                               |                 |                      |         |                  |           |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| <b>THE FOLLOWING INFORMATION IS TO BE COMPLETED BY REFERENCE ONLY</b>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                 |                      |         |                  |           |
| The above named applicant has applied for a position with the Chattooga County Board of Education. Your accurate evaluation of this applicant will assist in determining the qualifications to serve in a position with the Chattooga County Board of Education. We would appreciate you completing all applicable information and providing any comments you deem necessary to evaluate the applicant. |                                                                                                                    |                 |                      |         |                  |           |
| Reference Name/Title (Print or Type)                                                                                                                                                                                                                                                                                                                                                                    | Reference Signature                                                                                                |                 |                      | Date    |                  |           |
| Address                                                                                                                                                                                                                                                                                                                                                                                                 | Phone number(s) May we contact you by phone if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| <b>Qualities To Review</b>                                                                                                                                                                                                                                                                                                                                                                              | Choose Not<br>To Evaluate                                                                                          | Not<br>Observed | Needs<br>Improvement | Average | Above<br>Average | Excellent |
| 1. Personal Demeanor                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                 |                      |         |                  |           |
| 2. Competency in work skills in job applying for                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                 |                      |         |                  |           |
| 3. Maintains effective working relationships with co-workers                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                 |                      |         |                  |           |
| 4. Capacity for personal growth                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| 5. Personal Habits: tact, self-control                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                 |                      |         |                  |           |
| 6. Maintains positive working relationships                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                 |                      |         |                  |           |
| 7. Participates in community activities                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                 |                      |         |                  |           |
| 8. Attentive to details                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                 |                      |         |                  |           |
| 9. Able to work under minimal time restraints and constrictions, in fast and/or minimal paced environment                                                                                                                                                                                                                                                                                               |                                                                                                                    |                 |                      |         |                  |           |
| 10. Self-starter and/or team-player                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                 |                      |         |                  |           |
| 11. Management and/or disciplinary skills                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    |                 |                      |         |                  |           |
| 12. Skills in effective verbal and written communication                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                 |                      |         |                  |           |
| 13. Overall evaluation of work experience in job applying for                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    |                 |                      |         |                  |           |
| 14. Overall evaluation of non-related work experience                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                 |                      |         |                  |           |
| 15. Overall Evaluation                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                 |                      |         |                  |           |
| <b>Please address the following:</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                 |                      |         |                  |           |
| 1. In what capacity and for how long have you known the applicant?                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| 2. Comments not already addressed:                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |

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## Reference Form

|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|---------|------------------|-----------|
| Applicant Name (Print)                                                                                                                                                                                                                                                                                                                                                                                  | Last 4 digits of Social Security Number                                                                            | Date            |                      |         |                  |           |
| Position(s) applying for:                                                                                                                                                                                                                                                                                                                                                                               | Area(s) of certification (Certified applicants only)                                                               |                 |                      |         |                  |           |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| <b>THE FOLLOWING INFORMATION IS TO BE COMPLETED BY REFERENCE ONLY</b>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                 |                      |         |                  |           |
| The above named applicant has applied for a position with the Chattooga County Board of Education. Your accurate evaluation of this applicant will assist in determining the qualifications to serve in a position with the Chattooga County Board of Education. We would appreciate you completing all applicable information and providing any comments you deem necessary to evaluate the applicant. |                                                                                                                    |                 |                      |         |                  |           |
| Reference Name/Title (Print or Type)                                                                                                                                                                                                                                                                                                                                                                    | Reference Signature                                                                                                |                 |                      | Date    |                  |           |
| Address                                                                                                                                                                                                                                                                                                                                                                                                 | Phone number(s) May we contact you by phone if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| <b>Qualities To Review</b>                                                                                                                                                                                                                                                                                                                                                                              | Choose Not<br>To Evaluate                                                                                          | Not<br>Observed | Needs<br>Improvement | Average | Above<br>Average | Excellent |
| 1. Personal Demeanor                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                 |                      |         |                  |           |
| 2. Competency in work skills in job applying for                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                 |                      |         |                  |           |
| 3. Maintains effective working relationships with co-workers                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                 |                      |         |                  |           |
| 4. Capacity for personal growth                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| 5. Personal Habits: tact, self-control                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                 |                      |         |                  |           |
| 6. Maintains positive working relationships                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                 |                      |         |                  |           |
| 7. Participates in community activities                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                 |                      |         |                  |           |
| 8. Attentive to details                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                 |                      |         |                  |           |
| 9. Able to work under minimal time restraints and constrictions, in fast and/or minimal paced environment                                                                                                                                                                                                                                                                                               |                                                                                                                    |                 |                      |         |                  |           |
| 10. Self-starter and/or team-player                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                 |                      |         |                  |           |
| 11. Management and/or disciplinary skills                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    |                 |                      |         |                  |           |
| 12. Skills in effective verbal and written communication                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                 |                      |         |                  |           |
| 13. Overall evaluation of work experience in job applying for                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    |                 |                      |         |                  |           |
| 14. Overall evaluation of non-related work experience                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                 |                      |         |                  |           |
| 15. Overall Evaluation                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                 |                      |         |                  |           |
| <b>Please address the following:</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                 |                      |         |                  |           |
| 1. In what capacity and for how long have you known the applicant?                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| 2. Comments not already addressed:                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |

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## Reference Form

|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|---------|------------------|-----------|
| Applicant Name (Print)                                                                                                                                                                                                                                                                                                                                                                                  | Last 4 digits of Social Security Number                                                                            | Date            |                      |         |                  |           |
| Position(s) applying for:                                                                                                                                                                                                                                                                                                                                                                               | Area(s) of certification (Certified applicants only)                                                               |                 |                      |         |                  |           |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
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| Reference Name/Title (Print or Type)                                                                                                                                                                                                                                                                                                                                                                    | Reference Signature                                                                                                | Date            |                      |         |                  |           |
| Address                                                                                                                                                                                                                                                                                                                                                                                                 | Phone number(s) May we contact you by phone if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| <b>Qualities To Review</b>                                                                                                                                                                                                                                                                                                                                                                              | Choose Not<br>To Evaluate                                                                                          | Not<br>Observed | Needs<br>Improvement | Average | Above<br>Average | Excellent |
| 1. Personal Demeanor                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                 |                      |         |                  |           |
| 2. Competency in work skills in job applying for                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                 |                      |         |                  |           |
| 3. Maintains effective working relationships with co-workers                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                 |                      |         |                  |           |
| 4. Capacity for personal growth                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| 5. Personal Habits: tact, self-control                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                 |                      |         |                  |           |
| 6. Maintains positive working relationships                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                 |                      |         |                  |           |
| 7. Participates in community activities                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                 |                      |         |                  |           |
| 8. Attentive to details                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                 |                      |         |                  |           |
| 9. Able to work under minimal time restraints and constrictions, in fast and/or minimal paced environment                                                                                                                                                                                                                                                                                               |                                                                                                                    |                 |                      |         |                  |           |
| 10. Self-starter and/or team-player                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                 |                      |         |                  |           |
| 11. Management and/or disciplinary skills                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    |                 |                      |         |                  |           |
| 12. Skills in effective verbal and written communication                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                 |                      |         |                  |           |
| 13. Overall evaluation of work experience in job applying for                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    |                 |                      |         |                  |           |
| 14. Overall evaluation of non-related work experience                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                 |                      |         |                  |           |
| 15. Overall Evaluation                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                 |                      |         |                  |           |
| <b>Please address the following:</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                 |                      |         |                  |           |
| 1. In what capacity and for how long have you known the applicant?                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |
| 2. Comments not already addressed:                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                 |                      |         |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                 |                      |         |                  |           |

**Chattooga County Board of Education**  
**Statement of Authorization and Consent Form**  
**Certified / Classified Positions**

I understand that as an employee of the Chattooga County Board of Education, I will be required to be fingerprinted and have a criminal background check in accordance with the requirements outlined by either policy of the Board of Education or the Professional Standards Commission for re-certification. I agree and consent for such background check and investigation to be conducted and agree to hold harmless the school system and all officials, representatives, and employees of the foregoing from any and all claims which may arise from the school districts' use of information obtained from the criminal background check.

I further understand that effective 1/1/95, if I am offered a position that requires a Commercial Driver's License (CDL) that I will be subject both initially and randomly to alcohol and drug screening in accordance with O.C.G.A. 20-2-1120 through 20-2-1122.

I hereby authorize the Chattooga County Board of Education to receive any criminal background history pertaining to me which may be in the files of any local state, or federal agency.

I further authorize the Chattooga County Board of Education Personnel Department to periodically run additional criminal history record inquiries without seeking an additional consent.

A photocopy or facsimile of this release authorization will be as valid as the original, even though the photocopy does not contain my original signature.

\_\_\_\_\_  
Full Name (Print or Type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date/Birth

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date