

DATE:

Application Received By:

LANIER COUNTY BOARD OF EDUCATION
 247 SOUTH HWY. 221, LAKELAND, GA 31635
 (229) 482-3966
EMPLOYMENT APPLICATION

____ TEACHER
 ____ PARAPROFESSIONAL
 ____ SUBSTITUTE
 ____ CLERICAL
 ____ BUS DRIVER
 ____ FOOD SERVICE
 ____ MAINTENANCE
 ____ OTHER

PERSONAL	Last Name:		First:		Middle:	
	Current Address:		City:		State:	Zip:
	Mailing Address:		City:		State:	Zip:
	Home Number:		Other Number(s):			
	Social Security Number:		E-mail Address:			
	Person to contact if you cannot be reached:				Telephone Number:	
	Have you ever been employed by the Lanier County Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, list position(s) held:					
	Have you previously filed an application with the Lanier County Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, list position(s) applied for and dates applied:					

EDUCATION	Name of Institution	Location City/State	Date From	Date To	Diploma, Degree, or Certificate	Major
	High School:					XXXXXXXX
	Undergraduate:					
	Graduate:					

Do you want to work full time or part time?
 If hired, on what date will you be available to work? _____
 Are you presently under contract with any school system? Yes No _____ *Your initials*
 If yes, name of system: _____

PAST EMPLOYMENT BEGINNING WITH MOST RECENT (MUST COVER LAST 10 YEARS)			
W O R K E X P E R I E N C E	FROM MONTH/YEAR	TO MONTH/YEAR	Employer:
	Phone:		Address:
	Position Held:		
	Duties:		
	Reason for Leaving:		
	FROM MONTH/YEAR	TO MONTH/YEAR	Employer:
	Phone:		Address:
	Position Held:		
	Duties:		
	Reason for Leaving:		
	FROM MONTH/YEAR	TO MONTH/YEAR	Employer:
Phone:		Address:	
Position Held:			
Duties:			
Reason for Leaving:			
FROM MONTH/YEAR	TO MONTH/YEAR	Employer:	
Phone:		Address:	
Position Held:			
Duties:			
Reason for Leaving:			
FROM MONTH/YEAR	TO MONTH/YEAR	Employer:	
Phone:		Address:	
Position Held:			
Duties:			
Reason for Leaving:			

***If you have additional work experience, please attach a separate sheet with all the information.**

CERTIFICATION INFORMATION (IF APPLICABLE)

Do you have a valid teaching certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from what state?
Field:	Expiration Date:
If you have a Georgia certificate, indicate the following:	
Field(s):	Expiration Date:
Type(s):	
Have you taken and passed an appropriate content knowledge assessment for teacher certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enclose a copy of the results.
Are you presently participating in an improvement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	

BUS DRIVER APPLICANTS ONLY

Do you hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Please attach a copy of your license to this application.</i>	
Years of driving experience (specify): Car _____ Bus _____ Truck _____	
Driver's license number: _____ Class: _____ Expiration Date: _____	
Have you ever been involved as a driver in a traffic accident within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: _____ Nature of Accident: _____ Fatalities: _____ Injuries: _____	
Have you been convicted of any traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location (City, State): _____ Date: _____ Charge: _____	
Penalty: _____	
Has your license, permit, or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	
Safe driving awards you hold: _____ Issued By: _____	
Are you willing to grant permission for a State Motor Vehicle Report check? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to attend a school bus driver training course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to serve as a substitute bus driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CLERICAL APPLICANTS ONLY

Skill	Years of Experience	Details (Programs Used, Training, etc.)
Receptionist		
Typing		
Bookkeeping		
Computer		
Word Processing		
Payroll		
Filing		

FOR ALL APPLICANTS TO COMPLETE

In your own handwriting, briefly describe the professional or life experiences that have significantly contributed to preparing you for the position you are seeking:

LIST FOUR REFERENCES AND TELEPHONES WHERE THEY CAN BE REACHED

Name:	Number(s):
Name:	Number(s):
Name:	Number(s):
Name:	Number(s):

INSTRUCTIONS AND PROCEDURES – PLEASE READ

The applicant is requested to file with the Personnel Department:

- Completed application with signature and date
- A minimum of four references
- If you are applying for a position as a teacher or paraprofessional, please provide the following:
 1. Copies of appropriate teaching certificate(s) (include Georgia and/or other states) or proof of application for certificate
 2. Official transcripts of college work if no valid Georgia teaching certificate exists
 3. Copy of content knowledge assessment taken (e.g. ITS Praxis II)
- Bus driver applicants only: A copy of your driver’s license

This application will remain on active status for one year. Applications are considered only when your file is complete and vacancies occur. Please address all communications to: Kathy Humphrey, Personnel Department, Lanier County Board of Education, 247 Hwy. 221 South, Lakeland, Georgia 31635.

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Lanier County School District that there shall be no discrimination against any employee or applicant for employment by reason of race, color, national origin, creed, marital status, sex, age, or handicap.

Personal Affirmation: The applicant should enter a truthful “Yes” or “No” response to each of the following questions. All questions must have a response in order for the application process to continue. “YES” responses require an attached explanation and any additional supporting documentation. DO NOT include matters that the Professional Standards Commission has investigated or is currently investigating.

YES	NO	
		Have you ever had an adverse action (i.e. warning, reprimand, suspension, revocation, denial, voluntary surrender, disbarment) taken against a professional certificate, license or permit issued by an agency other than the Georgia Professional Standards Commission?
		Are you currently the subject of an investigation involving a violation of a profession’s laws, rules, standards or Code of Ethics by an agency other than the Georgia Professional Standards Commission?
		Have you ever received a less than honorable discharge from any branch of the armed services? (If “yes”, provide a copy of form DD214.)
		Have you ever left an employment position (retired, resigned, been dismissed, terminated, non-renewed or otherwise) while under investigation?
		Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
		Are you the subject of a pending investigation involving a criminal act?
		For any felony or any crime involving moral turpitude, have you ever: <ul style="list-style-type: none"> • Pled guilty; • Entered a plea of nolo contendere; • Been found guilty; • Pled guilty to a lesser offense; • Been granted first offender treatment without adjudication of guilt; • Participated in a pre-trial diversion program; • Been found not guilty by reason of insanity; or • Been placed under a court order whereby an adjudication or sentence was withheld?
		Have you ever been convicted, or pled to a lesser offense for any sexual offense?
		Have you ever been convicted of a drug offense (felony or misdemeanor) after July 1, 2008, while holding any professional certificate, license or permit?
		Have you ever been asked to resign, had your contract non-renewed, been discharged, or resigned in lieu of discharge from any employment, teaching or otherwise?
		Are you currently retired through the Teachers Retirement System of Georgia? What was your retirement date?_____

TO BE COMPLETED BY APPLICANT

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I also understand that an employment contract based upon information contained in this application which later proves to be false or incomplete shall result in the contract being null and void.

All persons, firms and entities listed in this application are hereby authorized to release any information or records concerning me to Kathy Humphrey, Personnel Department, Lanier County Board of Education, 247 Hwy. 221 South, Lakeland, Georgia 31635, and I hereby release said persons, firms and entities from any liability as a result of the furnishings of such records and information.

Applicant’s Signature:

Date: