

# TELFAIR COUNTY SCHOOLS

P. O. Box 240  
212 West Huckabee Street  
McRae, Georgia 31055  
Telephone (229) 868-5661  
FAX (229) 868-5549

Please Provide A Picture  
of  
Applicant in This Space

## PROFESSIONAL EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_  
Last First Middle Maiden

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

POSITION(S) DESIRED	CERTIFICATION
<input type="checkbox"/> Early Childhood/Elementary (Grades: _____)	<b>DO YOU HAVE A VALID CERTIFICATE?</b>
<input type="checkbox"/> Middle Grades (Subjects: _____)	<input type="checkbox"/> YES
<input type="checkbox"/> Secondary (Subjects: _____)	<input type="checkbox"/> NO
<input type="checkbox"/> Special Education (Areas: _____)	IF YES, FROM WHAT STATE? _____
<input type="checkbox"/> Counselor (Level: _____)	FIELD: _____ EXPIRATION DATE: _____
<input type="checkbox"/> Media Specialist (Level: _____)	_____
<input type="checkbox"/> Administrator (Level: _____)	_____
<input type="checkbox"/> Other: _____	_____

*The Telfair County Board of Education is an equal opportunity employer and does not discriminate in employment on the basis of religion, race, color, sex, national origin, age or disability.*

**CERTIFICATION**

**Have you taken Georgia Teacher Certification Test (TCT), PRAXIS II or GACE?**

YES  NO

**AREA(S) PASSED:** \_\_\_\_\_

**Have you previously held a conditional certificate in Georgia? IF YES, ATTACH AN EXPLANATION:**

YES  NO

**Are you presently under contract with any other school system?**

YES  NO

**If elected and conditions prove satisfactory, have you any plans which would prevent you from teaching in Telfair County at least three years?**

YES  NO

**Have you taken these courses? Exceptional Child Teaching of Reading**

YES  NO

YES  NO

**EDUCATION**

**Student Teaching Experience** (teachers with less than three years experience must include the supervising and cooperating teacher as references).

SYSTEM/DISTRICT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ SUBJECT AREA: \_\_\_\_\_

NAME OF SUPERVISING TEACHER: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

**List all colleges/universities attended (if additional space is needed, include an attachment)**

COLLEGES/UNIVERSITIES	ADDRESS	YEARS ATTENDED	GRADUATION DATE	DEGREE EARNED	MAJOR	MINOR

**TEACHING EXPERIENCE**

FROM _____/_____ Month Year TO _____/_____ Month Year	NUMBER OF YEARS  _____	SCHOOL: _____ SUBJECT AREA: _____ ADDRESS: _____	PRINCIPAL/SUPERVISOR: _____ GRADE(S): _____ PHONE: _____ CITY: _____ STATE: _____ ZIP CODE: _____
FROM _____/_____ Month Year TO _____/_____ Month Year	NUMBER OF YEARS  _____	SCHOOL: _____ SUBJECT AREA: _____ ADDRESS: _____	PRINCIPAL/SUPERVISOR: _____ GRADE(S): _____ PHONE: _____ CITY: _____ STATE: _____ ZIP CODE: _____
FROM _____/_____ Month Year TO _____/_____ Month Year	NUMBER OF YEARS  _____	SCHOOL: _____ SUBJECT AREA: _____ ADDRESS: _____	PRINCIPAL/SUPERVISOR: _____ GRADE(S): _____ PHONE: _____ CITY: _____ STATE: _____ ZIP CODE: _____
<b>Total Number of Years Teaching Experience</b> _____		<b>MILITARY SERVICE DATES OF SERVICE</b> BRANCH: _____ FROM: _____ TO: _____ Include DD214	

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**List all other work experience. If additional space is needed, please attach a sheet of paper. Please list in order, with most recent experience first.**

FROM _____ Month Year TO _____ Month Year	NUMBER OF YEARS _____	EMPLOYER: _____ ADDRESS: _____ KIND OF WORK: _____	SUPERVISOR: _____ CITY: _____ PHONE: _____
FROM _____ Month Year TO _____ Month Year	NUMBER OF YEARS _____	EMPLOYER: _____ ADDRESS: _____ KIND OF WORK: _____	SUPERVISOR: _____ CITY: _____ PHONE: _____
FROM _____ Month Year TO _____ Month Year	NUMBER OF YEARS _____	EMPLOYER: _____ ADDRESS: _____ KIND OF WORK: _____	SUPERVISOR: _____ CITY: _____ PHONE: _____

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List any special honor or distinction you received in college or in your profession: \_\_\_\_\_

\_\_\_\_\_

List areas for which you have special preparation, experience or interest: \_\_\_\_\_

\_\_\_\_\_

Circle any of the following which you are qualified and willing to direct or coach: School Newspaper, Yearbook, Orchestra, Band, Chorus, Debate, Drama, Football, Baseball, Track, Tennis, Golf, Basketball, Volleyball, Soccer, Clubs, Cheerleading, Other (specify): \_\_\_\_\_

Please describe succinctly your reason for wishing to teach in the Telfair County Schools: \_\_\_\_\_

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

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
City State Zip Code

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NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
City State Zip Code

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NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
City State Zip Code

**HAVE YOU EVER? (EACH QUESTION MUST BE ANSWERED)**

- YES     NO    **Failed to have a contract renewed with a school system?**
- YES     NO    **Broken a contract with a school system?**
- YES     NO    **Resigned or been discharged from any position, including the armed forces, while under the suspicion of having engaged in criminal, immoral, unprofessional conduct, or are you under investigation for any such charge?**
- YES     NO    **Been convicted of a felony or misdemeanor, including pleading nolo contendere, or are you now under investigation for any such offense, other than a minor traffic offense?**
- YES     NO    **Surrendered a teaching certificate/credential/license/permit or had one denied, revoked, or suspended, or is any investigation or adverse action now pending against you?**
- YES     NO    **Been dismissed from employment with a school system, asked to resign, or resigned in lieu of dismissal?**
- YES     NO    **Received an unsatisfactory performance evaluation?**
- YES     NO    **Received probation or deferred judgment?**
- YES     NO    **Served time in prison?**
- YES     NO    **Belonged to any organization which has been declared subversive by the federal government or the State of Georgia?  
If YES, list the organization \_\_\_\_\_**

**IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, you must provide a detailed explanation on a separate sheet attached to this application. Include the specific offense, the disposition of the offense, and the date, court, county, and state where you were charged.**

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I understand that in the event I am offered a position with the Telfair County School System that requires certification by the Professional Standards Commission, I am required to be fingerprinted and have a criminal background check, both at my expense, in accordance with the Official Code of Georgia Annotated 20-2-2(e)(1).

I agree to be fingerprinted and have my background checked by the appropriate law enforcement officials, and I further agree to sign the appropriate forms which the law enforcement agency may require me to sign consenting to a criminal background check and a fingerprint check through the National Crime Information Center and the Georgia Crime Information Center. I understand that information obtained from them may be used in employment decisions. I also understand that if I am issued a contract it will be a temporary one pending the outcome of the criminal background check and the fingerprint check.

I understand that any misrepresentation or omissions of fact from this application may be cause for non-employment, and I certify that the information contained therein is true, correct, and complete to the best of my knowledge. I understand that references and personal information which become a part of this record are to be regarded as confidential and shall not be revealed to me. Furthermore, I understand that this application, transcripts, references, and other data become the property of the Telfair County Board of Education and will not be returned to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date