

## **CHICKAMAUGA CITY SCHOOLS**

402 Cove Road  
Chickamauga, Georgia 30707

Phone: 706-382-3100 Fax: 706-375-5364

Web Site: [www.chickamaugacityschools.org](http://www.chickamaugacityschools.org)

### **CERTIFIED APPLICATION PROCEDURES**

Thank you for your interest in a professional position in the Chickamauga City Schools. Enclosed are the application packet, reference forms, and authorization and consent form. Please return all materials to Chickamauga City Schools at the above address.

#### **PLEASE READ THIS SHEET BEFORE FILLING OUT THE APPLICATION MATERIALS**

Include references from present or former employers only. Applications not completed in full will not be considered for employment. PLEASE do not return your application until all documents are complete.

The items listed below should be submitted for a complete application for employment.

1. A Completed Certified / Professional Application for Employment Form;
2. College Transcripts from every college or university attended;
3. Copies of any valid certificate(s);
4. Completed Authorization and Consent Form for Background check and Fingerprinting;
5. Three (3) Professional / Work Reference Forms.

**IT IS THE APPLICANTS RESPONSIBILITY TO SEND THE ENCLOSED REFERENCE FORMS** to three (3) references of your choice. The completed reference forms should be returned directly to us. You may want to provide a stamped envelope addressed to the above address with each reference form.

- After we receive your completed application materials and your references, we will contact you to arrange for an interview if we have an opening in your area.
- Keep your application current by notifying us, in writing, of any changes in name, address, phone number, certification status, or the withdrawal of your application for consideration.
- Applicants interested in Georgia Certification information may visit the Georgia Professional Standards Commission web site at: [www.gapsc.com](http://www.gapsc.com).
- It is the policy of the Chickamauga City School Board of Education to promote and maintain employment opportunity in accordance with applicable laws and regulations with regard to educational programs, activities and employment practices, without regard to age, sex, race, religion, national origin or disability. Candidates will be selected for employment on the basis of his / her qualifications for the positions, their ability to do the specific job and/or the job to be filled.

You will be notified when you are approved by the Board of Education for employment. Before you begin work, you must attend a scheduled orientation of policies and procedures, and complete all employment documents and benefit forms.

**Chickamauga City Schools**  
 402 Cove Road  
 Chickamauga, GA 30707-1614  
 Phone: 706-382-3100 Fax: 706-375-5364  
 Web Site: www.glschools.org

**Employment Application for Certified Positions**

**General Information**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Last First Middle Business / Cellular Telephone Number \_\_\_\_\_

Present Address: \_\_\_\_\_  
 Street City State Zip Code Telephone Number \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
 Street City State Zip Code Telephone Number \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_  
 Name / Relationship Address Work / Home Telephone Number \_\_\_\_\_

When could you begin work here? \_\_\_\_\_ When could you come for an interview? \_\_\_\_\_

**Section I - Position Desired**

**ELEMENTARY TEACHER (PreK-5)**

Specify Level  
 \_\_\_\_\_ Pre-K  
 \_\_\_\_\_ Primary K-3  
 \_\_\_\_\_ Intermediate 4-5

**SPECIAL EDUCATION TEACHER**

Specify areas of Special Education  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MIDDLE SCHOOL TEACHER (6-8)**

Specify Subjects and Level  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADMINISTRATOR**

Specify Level  
 \_\_\_\_\_ Elementary  
 \_\_\_\_\_ Middle  
 \_\_\_\_\_ High  
 \_\_\_\_\_ Central Office

**SECONDARY TEACHER (9-12)**

Specify Subjects and Level  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES YOU ARE QUALIFIED TO SPONSOR:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section II - Education**

A transcript from all colleges attended is required to complete application.

Dates	Name of School (High School, College, and Graduate School)	Degree	Major	Minor

Approximate undergraduate G.P.A. \_\_\_\_\_

Approximate Graduate G.P.A. \_\_\_\_\_



**Section VII - Other Information**

List any organizations of which you are/have been a member and offices held: (You may exclude memberships which would reveal sex, race, religion, national origin, age ancestry, disability or other protected status.)

**HAVE YOU EVER:**

YES NO

- failed to have a contract renewed with a school district?
- been dismissed from employment with a school district?
- been asked to resign from employment with a school district?
- had a teaching credential denied, revoked or suspended in any state?
- received an annual unsatisfactory performance evaluation from an employer?
- been placed on disciplinary probation or been suspended from any position?

Are you currently under investigation for unethical conduct?  Yes  No

**IF THE ANSWERS TO ANY OF THE ABOVE QUESTIONS ARE YES, YOU MUST ATTACH AN EXPLANATION**

Have you ever been convicted by federal, state or other law enforcement authorities or pleaded nolo contendere for violation of any federal law, state law, county or municipal law, regulation or ordinance? (Do not include anything that occurred before your seventeenth birthday. Do not include minor traffic violations for which a fine of \$100 or less was imposed.)  Yes  No

Violation	Date	Court, State, County Where Charged	Disposition

**Personal Data**

This information below is used for affirmative action monitoring purposes only.

Race: (Check One)

Sex: (Check One)

- 1.  Indian      4.  African American
- 2.  White       5.  Asian
- 3.  Hispanic

- Male
- Female

**Section VIII - Professional References**

Persons listed as references should be able to answer questions concerning the applicant's qualifications for the position sought. The most recent supervising principals and/or central office administrators who have direct knowledge of the applicant's work must be included. Beginning teacher must include cooperating teacher, college supervisor, and/or major professors. Neighbors, friends, or relatives should not be included.

1.

Name	Title	Telephone Number:	School	Home
Street	City	State	Zip	

2.

Name	Title	Telephone Number:	School	Home
Street	City	State	Zip	

3.

Name	Title	Telephone Number:	School	Home
Street	City	State	Zip	

**Section IX - Signature Statement**

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

The application, transcript, references and other data are the property of the Chickamauga City Board of Education and will not be returned to the applicant.

I consent for any former employer of mine to furnish any information from my personal file or evaluations relative to my performance as an employee, and I waive any right I may have for such information to remain confidential.

APPLICANT'S SIGNATURE \_\_\_\_\_ SS# \_\_\_\_\_

DATE: \_\_\_\_\_

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

**SPACE BELOW FOR OFFICIAL USE ONLY**

Date Received: _____	References: _____	Certification: _____	All Transcripts: _____
Interviewed On: _____	Application Complete: _____	Yes _____	No _____
Reviewed By: _____	Date: _____	Application Complete: _____	

---

---

**CHICKAMAUGA CITY SCHOOLS**  
**402 Cove Road, Chickamauga, GA 30707**

---

---

**STATEMENT OF AUTHORIZATION AND CONSENT FORM**  
**CERTIFIED / CLASSIFIED POSTIONS**

---

---

I understand that in the event I am offered a position with the Chickamauga City School Board of Education, I will be required to be fingerprinted and have a criminal background check in accordance O.C.G.A. 20-2-211(e)(1), understanding that my fingerprints will be run through the FBI/GBI database in order to obtain any criminal history. 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 \_\_\_\_\_, Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Please Print Name)

hereby authorize the Chickamauga City School Board of Education to receive any criminal background history pertaining to me which may be in the files of any federal, state, or criminal agency in Georgia.

CURRENT ADDRESS \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Race \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

---

---

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
Notary Public My Commission Expires \_\_\_\_\_

---

---

*This section is for Office use only:*

Position(s) applied for: 1. _____ 2. _____
--

Criminal History Check Date ____/____/____ By: _____ Signature
--

\_\_\_\_\_ No criminal record was found for this applicant.  
\_\_\_\_\_ Criminal record was found for this applicant (see attached).

# CHICKAMAUGA CITY SCHOOLS

402 Cove Road  
Chickamauga, Georgia 30707

Phone: 706-382-3100 Fax: 706-375-5364  
Web Site: [www.chickamaugacityschools.org](http://www.chickamaugacityschools.org)

## REFERENCE FORM

*Certified Postions*

Applicant Name (Print)	Social Security Number
Position(s) Applying For:	Area(s) of Certification:
1.	
2.	

I understand the information supplied is confidential and will not be shared with me. I waive all rights of examination and waive any claims, which may arise against you and my previous employer.

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

\_\_\_\_\_  
Date

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY REFERENCE ONLY

The above named applicant has applied for a position with the Chickamauga City School Board of Education. Your accurate evaluation of this applicant will assist in determining the qualifications to serve in a position with Chickamauga City Schools. This information will be considered confidential and will be for official use only. Please do not return this form to the applicant.

Name of Reference \_\_\_\_\_

Title of Reference \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

May we contact you by phone?  yes  no

<i><b>Qualities to Review:</b></i>	Superior	Above Average	Average	Needs Improvement	Not Observed
Exhibits positive attitude					
Exhibits tact and self-control					
Exhibits initiative, resourcefulness, and creativity					
Plans and prepares work effectively					
Skills in effective verbal and written communication					
Exercises appropriate pupil control and classroom management techniques					
Utilizes a variety of teaching methods and skills					
Participates in committee work, staff development, conferences					
Cooperates with faculty and other staff					
Overall evaluation					

In what capacity and for how long have you known the applicant? \_\_\_\_\_

Would you hire this applicant as a teacher for your child? \_\_\_\_\_

REMARKS: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# CHICKAMAUGA CITY SCHOOLS

402 Cove Road  
Chickamauga, Georgia 30707

Phone: 706-382-3100 Fax: 706-375-5364

Web Site: [www.chickamaugacityschools.org](http://www.chickamaugacityschools.org)

## REFERENCE FORM

*Certified Positions*

Applicant Name (Print)	Social Security Number
Position(s) Applying For:	Area(s) of Certification:
1.	
2.	

I understand the information supplied is confidential and will not be shared with me. I waive all rights of examination and waive any claims, which may arise against you and my previous employer.

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

\_\_\_\_\_  
Date

**THE FOLLOWING INFORMATION IS TO BE COMPLETED BY REFERENCE ONLY**

The above named applicant has applied for a position with the Chickamauga City School Board of Education. Your accurate evaluation of this applicant will assist in determining the qualifications to serve in a position with Chickamauga City Schools. This information will be considered confidential and will be for official-use only. Please do not return this form to the applicant.

Name of Reference \_\_\_\_\_

Title of Reference \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

May we contact you by phone?  yes  no

<b><i>Qualities to Review:</i></b>	Superior	Above Average	Average	Needs Improvement	Not Observed
Exhibits positive attitude					
Exhibits tact and self-control					
Exhibits initiative, resourcefulness, and creativity					
Plans and prepares work effectively					
Skills in effective verbal and written communication					
Exercises appropriate pupil control and classroom management techniques					
Utilizes a variety of teaching methods and skills					
Participates in committee work, staff development, conferences					
Cooperates with faculty and other staff					
Overall evaluation					

In what capacity and for how long have you known the applicant? \_\_\_\_\_

Would you hire this applicant as a teacher for your child? \_\_\_\_\_

REMARKS: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CHICKAMAUGA CITY SCHOOLS

402 Cove Road

Chickamauga, Georgia 30707

Phone: 706-382-3100 Fax: 706-375-5364

Web Site: [www.chickamaugacityschools.org](http://www.chickamaugacityschools.org)

## REFERENCE FORM

*Certified Postions*

Applicant Name (Print)	Social Security Number
Position(s) Applying For:	Area(s) of Certification:
1.	
2.	

I understand the information supplied is confidential and will not be shared with me. I waive all rights of examination and waive any claims, which may arise against you and my previous employer.

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

\_\_\_\_\_  
Date

**THE FOLLOWING INFORMATION IS TO BE COMPLETED BY REFERENCE ONLY**

The above named applicant has applied for a position with the Chickamauga City School Board of Education. Your accurate evaluation of this applicant will assist in determining the qualifications to serve in a position with Chickamauga City Schools. This information will be considered confidential and will be for official use only. Please do not return this form to the applicant.

Name of Reference \_\_\_\_\_

Title of Reference \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

May we contact you by phone?  yes  no

<i>Qualities to Review:</i>	Superior	Above Average	Average	Needs Improvement	Not Observed
Exhibits positive attitude					
Exhibits tact and self-control					
Exhibits initiative, resourcefulness, and creativity					
Plans and prepares work effectively					
Skills in effective verbal and written communication					
Exercises appropriate pupil control and classroom management techniques					
Utilizes a variety of teaching methods and skills					
Participates in committee work, staff development, conferences					
Cooperates with faculty and other staff					
Overall evaluation					

In what capacity and for how long have you known the applicant? \_\_\_\_\_

Would you hire this applicant as a teacher for your child? \_\_\_\_\_

REMARKS: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_