

CHICKAMAUGA CITY SCHOOLS

402 Cove Road

Chickamauga, Georgia 30707

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

Web Site: www.chickamaugacityschools.org

CLASSIFIED APPLICATION PROCEDURES

Thank you for your interest in a Chickamauga City Schools classified position. 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

- Please complete the enclosed forms in the application packet and return it to this office. The application should be filled out completely. Please do not write "See Resume or See Attached."
- Please include copies of any information that will support your application. This information may be, but is not necessarily limited to awards, recognitions, presentations, and examples of innovative work. Include copies only since this material will not be returned.
- Include a copy of any that apply: High School Diploma, GED Certificate, Transcripts, College Diploma, Substitute Certificate, CDL License, etc.
- The enclosed **work references** should be given 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 a personal interview if we have an opening in your area.
- For information concerning your application packet or the status of your application, call 706-382-3100 ext. 4000.
- 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.
- 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, be fingerprinted, 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 Classified 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

CLERICAL

Specify Location

_____ Secretary
 _____ Bookkeeper
 _____ Clerk

PARAPROFESSIONAL (Minimum of 2 years college required)

_____ Regular Classroom
 _____ Special Education
 _____ Media

SUBSTITUTE TEACHER

_____ Chickamauga Elementary
 _____ Gordon Lee Middle School
 _____ Gordon Lee High School

ADMINISTRATIVE

_____ Business Service
 _____ Technology
 _____ Food Service

MAINTENANCE / CUSTODIAN

_____ Chickamauga Elementary
 _____ Gordon Lee Middle School
 _____ Gordon Lee High School

OTHER

FOOD SERVICE

All applicants must complete this application form. The accuracy and completeness with which this form is filled out will be factors in the consideration of your application.

Please answer each item. If not applicable, write NA.

Section II - Education

Circle highest grade completed : 1 2 3 4 5 6 7 8 9 10 11 12 Post H.S.: 1 2 3 4 5 6 7

Name	Complete Address	Dates Attended	Major	Year Graduated	Diploma / Degree
High School					
Bus/Trade/College					
Bus/Trade/College cont.					

- Please Note:**
1. All applicant's must provide evidence of high school graduation or G.E.D.
 2. All college course work must be documented by an official college transcript.
 3. It is the applicant's responsibility to provide all required information.
 4. Any formal training that awarded a license must be verifiable.

Section III - Other Skills and Training

Skills / Experience:

Complete the sections below which pertain to the type of positions for which you are applying.

CLERICAL SKILLS:

(specify software)

- Typing
- Shorthand
- Word Processing
- Spreadsheet
- Accounting
- Calculator
- Computer
- Internet/Web Design
- Other

List Software: _____

SUBSTITUTE TEACHER:

- Experience
- GA Certificate

FOOD SERVICE SKILLS:

- Food Preparation
- Cashiering
- Purchasing

PARAPROFESSIONAL:

- Experience
- GA Paraprofessional License

MAINTENANCE/CUSTODIAN SKILLS:

- Carpentry
- Electricity
- Other

If elected, and conditions prove satisfactory, would you plan to work here at least two years? _____

What is your present wage per hour? _____ What is your expected wage per hour? _____

Section IV - Employment Record

LIST ALL PREVIOUS EXPERIENCE, BEGINNING WITH MOST RECENT

Dates (From / To)	Position	Name and Address of Employer	Salary	Reason for Leaving

Describe any specialized training, apprenticeship, skills and extracurricular activities that you feel have significantly contributed to your preparation for the position you seek.

Section V - Military Experience

Branch of Service: _____ Induction Date: _____ Separation Date: _____

Highest Rank: _____ Type of Discharge: _____

Provide copy of military discharge form.

Section VI - Certification Information

Title of License (s) you hold: _____

Expiration date of license (s): _____

Are you presently employed with any school system? _____ Yes _____ No Name of system: _____

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

- ___ ___ been dismissed from employment?
- ___ ___ been asked to resign?
- ___ ___ 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, PLEASE WRITE EXPLANATION BELOW:

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 any offense that occurred before your seventeenth birthday.)

YES NO ___ FELONY ___ MISDEMEANOR

If, YES, complete:

Violation / Type of Offense	Date	Court, State, County Where Charged	Disposition (Outcome)

Personal Data

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

Race: (Check One)

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

Sex: (Check One)

- ___ Male
- ___ Female

Section VIII - Professional References

Please list three persons (other than relatives or friends) who may be contacted to provide information about your experience or ability. List supervisor, previous teacher, etc., who supervised your work and can verify your competencies. Please provide complete address.

1. _____
Name Title Telephone Number

Street City State Zip

2. _____
Name Title Telephone Number

Street City State Zip

3. _____
Name Title Telephone Number

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: _____		

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

REFERENCE FORM

CLASSIFIED 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

Qualities to Review:	Superior	Good	Average	Unsatisfactory	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 communications					
Motivation and ability (self- starter, works at capacity, team player)					
Efficient use of time (able to work under minimal time restraints)					
Maintains regular attendance and on time to work.					
Cooperates with faculty and other staff					
Overall evaluation					

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

Would you employ this applicant if you had a vacancy? _____

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

REFERENCE FORM

CLASSIFIED 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

Qualities to Review:	Superior	Good	Average	Unsatisfactory	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 communications					
Motivation and ability (self- starter, works at capacity, team player)					
Efficient use of time (able to work under minimal time restraints)					
Maintains regular attendance and on time to work.					
Cooperates with faculty and other staff					
Overall evaluation					

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

Would you employ this applicant if you had a vacancy? _____

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

REFERENCE FORM

CLASSIFIED 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

<i>Qualities to Review:</i>	Superior	Good	Average	Unsatisfactory	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 communications					
Motivation and ability (self- starter, works at capacity, team player)					
Efficient use of time (able to work under minimal time restraints)					
Maintains regular attendance and on time to work.					
Cooperates with faculty and other staff					
Overall evaluation					

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

Would you employ this applicant if you had a vacancy? _____

REMARKS: _____

Signature _____

Date _____

CHICKAMAUGA CITY SCHOOLS

A Tradition of Excellence Continues...

SUBSTITUTE TEACHER INFORMATION

Eligibility:

To register as a substitute teacher for the Chickamauga City Schools you must have the following:

- High School Diploma or equivalent
- Substitute Teacher Training Certificate
-OR-
- Georgia Teacher Certification

A four-hour training class is required by the Chickamauga City Schools if you are not a Certified Teacher. Please contact Northwest GA RESA at the number listed below to reserve your place in the upcoming Substitute Training Class.

**Register for the Substitute Training Class at 706-295-6189, ext 15, Starr Dees
or register online at www.nwgaresa.com**

Application Process:

- Complete a classified employment application and return to the Central Office.
- Board approval required.
- Once Board approved, Human Resources will mail paperwork/fingerprint info (please note: **you are responsible for paying \$42.50 to the Chickamauga City Schools for your fingerprint paperwork/processing fee and \$10.00 to the Walker County Sheriff's Office for fingerprint scanning**).
- Return paperwork/notify of fingerprint completion to Human Resources.
- Upon acceptance of all information and background check report, you will be placed on the substitute teacher listing.

Rate of Pay:

- Pay period cutoff dates vary with each month, school secretary will have copy of the payroll cutoffs for the current school year.
- Hours worked past the payroll cutoff will be paid in the following month.
- Maximum amount of hours worked per day is **7 hours**.
- Checks may be picked up at the Central Office on the last business day of each month.
- Checks will only be mailed if you provide a self-addressed, stamped envelope.

\$9.32/hour Long-Term (Bachelors or Higher) Teacher Substitute: <ul style="list-style-type: none">• Long-term requires 10 or more continuous days.	\$8.32/hour Teacher Substitute with: <ul style="list-style-type: none">• GA Teaching Certificate (current or expired)• Out of State Teaching Certificate• College Diploma (Bachelors or Higher)	\$7.59/hour Teacher Substitute with: <ul style="list-style-type: none">• High School Diploma• GED• Associates Degree
---	--	---