

# Wilcox County Board of Education

395 College Street West  
Abbeville, Georgia 31001-4231

## **REQUIREMENTS: SUBSTITUTE APPLICATION**

1. A dated application.
2. A copy of one of the following:
  - Teaching certificate (current or expired; in-state or out-of-state)
  - College degree
  - Transcripts from college for number of hours completed
  - Technical school diploma
  - High school diploma
  - GED certificate
3. **Substitute Teacher ONLY**-You must complete training online with Heart of Georgia RESA (usually offered once a month, Aug – Apr). There is a \$35 fee (non reimbursable) for this training session due when you attend. **You are exempt from this training only if you have a current or valid teaching certificate.**

Heart of Georgia RESA / 717 Smith Street / Dublin, GA 31021

ph (478) 353-8693

You must register online at :

<https://register.hgresa.org/index.php/course-catalog-timeline-view/search-result?search=Substitute>

For questions or assistance registering, please call Janice Beck at 478-353-8693 ext. 2002

4. Federal and State background checks are required for employment with Wilcox County Board of Education. You will need to pay a background fee of \$43.25 to WCBOE. You will need cash, a money order, or cashier's check for \$43.25 payable to "Wilcox County BOE". This is a non reimbursable expense. After payment is received, please take the completed receipt to the Wilcox County Sheriff's Office to obtain your background check. Or you may obtain your background check during RESA substitute teacher training. Our office will be notified when your background check is complete. **Effective July 1, 2009 the Wilcox Co. Board of Education no longer reimburses for the fingerprints.**
5. Your name will be submitted for approval by the board of education when all the above requirements are met. Board meetings are once a month (second Tuesday).

# WILCOX COUNTY SCHOOL SYSTEM CLASSIFIED POSITION APPLICATION

ALL APPLICATIONS KEPT  
ON FILE FOR ONE YEAR.

CHECK ALL POSITIONS APPLYING FOR:

- |                                                                                                                                                                                      |                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Instructional Paraprofessional<br><input type="checkbox"/> Clerical<br><input type="checkbox"/> Substitute Teacher*<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Bus Driver/Substitute Driver*<br><input type="checkbox"/> Custodian<br><input type="checkbox"/> Lunchroom Worker/Sub.* |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

\*ALL SUBSTITUTE WORK IS PART-TIME ONLY

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SOCIAL SECURITY NO. \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**EDUCATION-**(Check highest level completed and attach copy of highest certificate or diploma.)

- Possession of a valid Georgia professional teaching certificate or a current letter of Eligibility for a certificate
- Possession of an expired Georgia Teaching certificate based upon a 4-year degree or higher
- Completion of a 4-year degree or higher
- Completion of at least one or more years of postsecondary training beyond a high school diploma
- Possession of a high school diploma
- Possession of a GED certificate

\*FOUR HOURS OF SUBSTITUTE TRAINING IS REQUIRED FOR THESE AREAS IF YOU ARE APPLYING FOR A SUBSTITUTE TEACHER POSITION.

**PREVIOUS EMPLOYMENT:** List employers during the last three (3) years.

Employer	Address/Phone	Position Held	Dates

**REFERENCES:** Please include name, address, and phone number for all references.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The Wilcox County Board of Education requires a criminal background check on all employees, which includes fingerprinting. Have you ever been arrested, plead guilty or no contest, or convicted of any criminal offense, other than a minor traffic offense? If so, please give detailed information on a separate sheet as to each offense, including the specific offense for which you were charged, the disposition of the offense, and the date, court, county and state where you were charged. **YES NO**

I understand that any false answer, statement or implication made by me on this application shall be considered cause for denial of employment. This certifies that this application was completed by me, or under my direction, and that all entries and information are true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Bus driver applicants and substitute bus driver applicants please continue with page two on back.

ALL EMPLOYEES OF THE WILCOX COUNTY SCHOOL SYSTEM MUST SUBMIT TO FINGERPRINTING AND BACKGROUND CHECK. THE WILCOX COUNTY BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMATE IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN, AGE, HANDICAP, OR RELIGION.

APPLICATION-PAGE 2 (FOR DRIVERS AND SUBSTITUTE DRIVERS ONLY)  
 WILCOX COUNTY BOARD OF EDUCATION

YEARS OF DRIVING EXPERIENCE (SPECIFY) CAR \_\_\_\_\_ BUS \_\_\_\_\_ TRUCK \_\_\_\_\_  
 HAVE YOU BEEN INVOLVED AS A DRIVER IN TRAFFIC ACCIDENTS IN THE LAST 3 YEARS? \_\_\_\_\_  
 DATE(S) OF ACCIDENT(S) \_\_\_\_\_ NATURE OF ACCIDENT(S) \_\_\_\_\_  
 FATALITIES IN ACCIDENT(S) \_\_\_\_\_ INJURIES IN THE ACCIDENT(S) \_\_\_\_\_  
 HAS YOUR LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_  
 HAVE YOU EVER BEEN INJURED ON THE JOB? \_\_\_\_\_ NATURE AND DEGREE OF INJURIES \_\_\_\_\_

ARE YOU WILLING TO ATTEND A BUS DRIVER TRAINING COURSE (18 HOURS INITIAL DRIVER TRAINING AND 3 HOURS ANNUAL TRAINING)? \_\_\_\_\_

YOU WILL NEED TO SUBMIT TO THE OFFICE THE FOLLOWING FOR YOUR FILE: A COPY OF YOUR CDL; A PHYSICAL; RECEIPT FOR FINGERPRINTING; SIGNED POLICY AGREEMENTS CONCERNING WORKMENS COMP AND DRUG/ALCOHOL POLICY; AGREEMENT FOR RANDOM DRUG TESTING; G-4 AND W-4 FORMS.

I HEREBY GIVE MY PERMISSION FOR THE WILCOX COUNTY BOARD OF EDUCATION TO CHECK MY DRIVING RECORD. I UNDERSTAND THAT ANY FALSE ANSWER OR STATEMENT OR IMPLICATION MADE BY ME ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DENIAL OF EMPLOYMENT. THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME (OR UNDER MY DIRECTION) AND THAT ALL ENTRIES AND INFORMATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

OFFICE USE ONLY

Computer Entry Checklist	Yes	No	Date
Copy of CLD/Driver's License			
Physical Examination			
Fingerprinting Receipt Results			
Workers Compensation/Drug-Alcohol Policies Signed			
Agreement for Drug Testing			
G-4			
W-4			
Board Approval			
Birth date			
Marital Status			
Race			
Sex			
Social Security Number			
Diploma/GED/Degree/Certificate			
Release for Information if Necessary			

Wilcox County Board of Education  
 395 College Street, West  
 Abbeville, GA 31001  
 229-467-2141