

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

*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 DISCRIMINATE 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			