

WASHINGTON COUNTY PUBLIC SCHOOL DISTRICT



Mrs. Sandra McMaster
Deputy Superintendent

501 Industrial Drive
Sandersville, Georgia 31082
478-552-3981(Phone)
478-552-3128 (Fax)
www.washingtoncountyschoolsga.org
Mr. Timothy May, Superintendent

Board of Education
Mr. Robert Blocker, Chairman
Dr. Allen Gray, Vice Chairman
Ms. Rita Hunt
Mrs. Leigh Jordan
Mr. Rodney Walker

Substitute Teacher Application Process

Criteria for Employment as a Substitute Teacher

- Must possess a GED or High School Diploma with at least at 2.0 GPA earned at least five years prior to the date of application; **OR**
- Have earned at college degree from an accredited college or university; **OR**
- Hold a valid or expired teacher certification; **AND**
- Have a clear criminal record.

Steps for the Application Process

1. Complete the Substitute Teacher application.
2. Complete the sample writing and math exercise.
3. Complete an interview with ONE building principal of your choice, scheduled by you. The interview form will be submitted to HR by the principal.
4. Complete the substitute training at the RESA (only those not holding a valid or expired teaching certificate). Cost of training is the responsibility of the applicant.
5. Complete the criminal background check (instructions attached).
6. Submit transcripts or copy of teacher certification (whichever is applicable).
7. Complete the Child Abuse and Neglect: Mandated Reporting Training (instructions attached)
8. Read and sign National Child Protection Act/Volunteers for Children Act Waiver and Consent Form.

**PLEASE ENSURE THAT YOUR PACKET IS COMPLETE BEFORE SUBMITTING TO HUMAN RESOURCES.
INCOMPLETE PACKETS WILL NOT BE ACCEPTED.**

NOTE: *Completion of the application process does NOT guarantee that the applicant is automatically added to the substitute list. All applicants will be reviewed by the HR department and must be approved for hire by the Washington County Board of Education during the monthly board meeting.*

Substitute Teachers work on an “AS NEEDED” basis and are not guaranteed to be actually called for work at any school or for any minimum length of time. Substitute Teachers should be willing to work at any school when called.

Mission Statement: Washington County Public Schools- Expecting all children to Excel in Academics, Arts, and Athletics.



Substitute Teacher Application for Employment

Date of Application: _____

Applicant's Name: _____ SSN: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone Number: _____ Email: _____



	NO	YES	Date
Have you ever applied with us before?			
Have you ever been employed with us before?			
Are you currently employed?			
Are you currently on "lay-off" status and subject to recall?			
May we contact your present employer?			
Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? <small>(verification of citizenship or immigration status is required upon employment)</small>			

What date would you be available for work? _____



Education

Mark the highest level of education completed:

Some High School GED HS diploma Some college
Associate's degree Bachelor's degree Master's degree Higher

Schools Attended:

High School: _____

Dates attended: _____ Graduation Yr: _____ did not graduate

Tech College: _____ Major/Degree: _____

Dates attended: _____ Graduation Yr: _____ did not graduate

College: _____ Major/Degree: _____

Dates attended: _____ Graduation Yr: _____ did not graduate

Other: _____



Emergency Contact:

Name: _____ Phone number: _____

Address: _____ City: _____ St: _____ Zip: _____

Relationship to applicant: _____

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Work Experience

Starting with your most recent employment, please provide your employment history.

Company Name:	Phone:
Address:	Position:
Supervisor's Name:	Dates of employment:

Company Name:	Phone:
Address:	Position:
Supervisor's Name:	Dates of employment:

Company Name:	Phone:
Address:	Position:
Supervisor's Name:	Dates of employment:

Have you ever been convicted of a crime? Yes No
Felony Misdemeanor Please explain: _____

Have you ever pled guilty to or been convicted of any offense relating to the possession or distribution of illegal drugs? Yes No
Please explain: _____

Have you ever resigned, been terminated, or non-renewed from employment position for committing a misdemeanor of moral turpitude? Yes No

Professional References

List three references. These should be people qualified to give information to show your fitness for the position you seek, including former supervisors, and/or employees. ***Please DO NOT list relatives as professional references.***

Name	Position	Phone number

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Applicants Name: _____

Writing Sample

In the space provided, explain why you would like to become a substitute teacher in the Washington County Public School System. Explain what characteristics you possess that would make you qualified to serve as a substitute teacher. *(please use blue or black ink)*



Applicants Name: _____

Math Skills Worksheet

1) The Junior Beta Club is making food baskets for the local homeless shelter. They asked for donations and they received 88 cans of food and 44 loaves of bread. If they want all the baskets to be the same with nothing left over, how many baskets can they make and how many of each item will be in each basket?

2) Keesha baked 4 dozen oatmeal cookies and 30 chocolate chip cookies. She wants to divide the cookies into plastic containers with the same amount of cookies in each container. If she wants the container to hold the greatest number of cookies possible how many containers does she need and how many of each cookie will be in each container?

3) $42 + 12 = 6(7+2)$ Is it true or false? Explain your thinking.

4) $6(7+2) = (6 \times 7) + (6 \times 2)$ Is it true or false? Explain your thinking.

5) $6(7 + 2) = (6 \times 7) + (6 \times 2) = 42 + 12$ Is it true or false? Explain your thinking.

6) How is 6 related to 42 and 12?

Find all of the common factors for each of the expressions.

7) $64 + 32$

8) $72 + 12$

9) $45 + 18$

10) $51 + 21$



Applicants Name: _____

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

I understand that my application is not complete until transcripts of my school work, recommendations, and all supporting documents are submitted to the personnel office. I also understand that the application, transcripts, references, and other data are the property of the Washington County Board of Education and will not be returned.

I understand that WCBOE will require completion of a background check in order to qualify for this job. This includes checking FBI records in order to verify any criminal history. Disclosure of any Criminal History prior to performing this check will assist us in determining if you qualify for this job. By signing below, I agree to perform the fingerprinting required of a background check, and grant WCBOE permission to receive and verify any information provided on this application

Applicant's Signature: _____ Date: _____

All persons employed in the Washington County Schools must be approved by the Washington County Board of Education. Therefore, no employment is official until it has been confirmed at a meeting of the Board of Education.

Applications are kept in our active file for two years from the date of the application. It is the responsibility of the applicant to re-apply after that time.

The Washington County Board of Education is an Equal Opportunity Employer.

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National Child Protection Act/Volunteers for Children Act Waiver and Consent Form

The criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children (persons less than 18 years old), the elderly (persons 60 years of age or older), or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks). Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a **Governmental Qualified Entity (QE)**. QEs provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

Requesting QE Information:

QE Name	Washington County Board of Education
QE Address	501 Industrial Drive
QE Telephone Number	478-552-3981

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor Owner/Operator

I have been convicted of or pled guilty to a crime. No Yes

If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the requesting QE to submit a set of my fingerprints to the Georgia Bureau of Identification (GBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the GBI and the FBI;
 - I can receive a state criminal history record from the SPBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
 - I am entitled to challenge the accuracy and completeness of any information contained in such records;
 - The QE may choose to deny me unsupervised access to persons to whom the QE provides care until the criminal history record check is completed; and
 - I may obtain a prompt determination as to the validity of my challenge before a final decision is made.
-

By signing this Waiver, it is my intent to authorize the dissemination of any state or national criminal history record which may pertain to me, to the requesting QE. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: _____ Signature: _____

*Date of Birth: _____ *Address: _____

*as it appears on a valid identification document issued by a governmental agency

NOTE: A copy of this document must be retained by the QE for at least one year of fingerprint submission date.

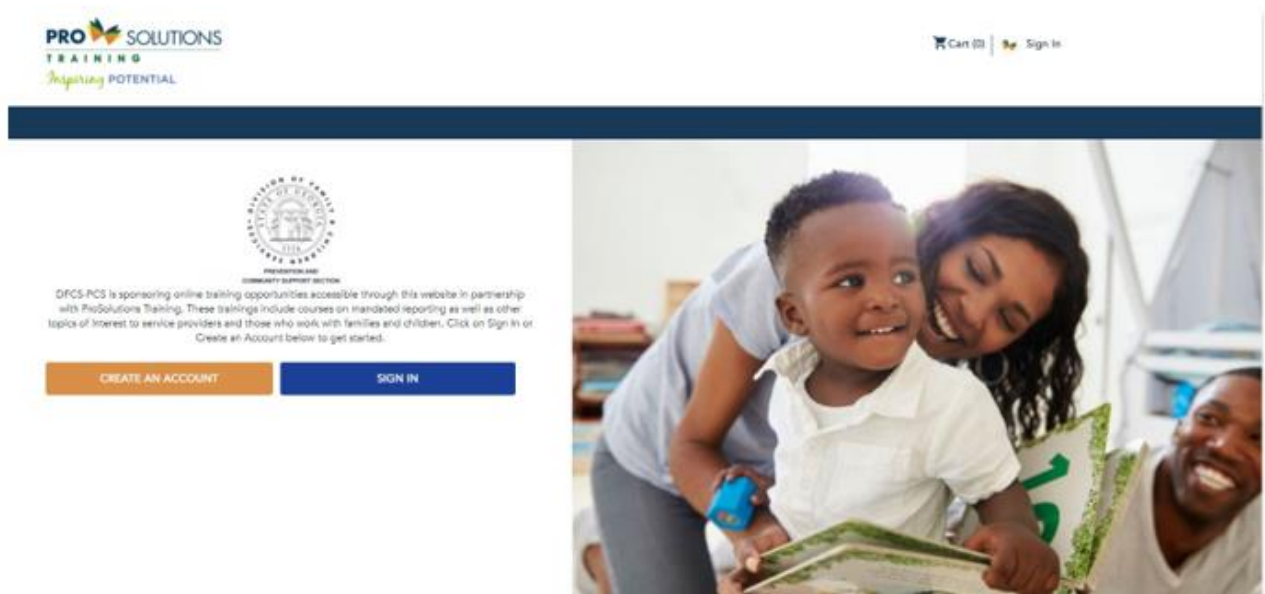
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Navigation Instructions to the Child Abuse and Neglect: Mandated Reporting Requirements for Employees, Volunteers and Contractors of Georgia Public Schools.

1. Go to website: <https://www.prosolutionstraining.com/content/?id=114/Home/>
2. Create Account
3. Navigate to the Course: Mandated Reporting Requirements for Employees, Volunteers, and contractors of Georgia Public Schools

Continue to follow the directions from there to complete the training session. There is no cost. Remember to print out your certificate at the end of the course.



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Washington County Board of Education
GAPS Fingerprinting Enrollment

(IDEMIA)

If prompted, enter the appropriate Reviewing Agency ORI below:

Reviewing Agency ORI: [GA931425](#) Reviewing Agency Name: [Washington County Board of Education](#)

How to Enroll in Fingerprinting Services

1. **Access the Website**
 - o Open a web browser and visit the Identogo website at: <https://ga.state.identogo.com>.
2. Enter Service Code: **2TGQXV**, then click **“Get Started”**
3. Enter Agency ID number: **GA931425Z**, click **“Continue”**
4. Verify that the information you have entered is correct, click **“Start Enrollment”**
5. Acknowledge that you have read the statement and agree by checking the box, click **“Continue”**.
6. Enter demographic information, click **“Review”**
7. Review your enrollment information and verify it is correct. If you must make any corrections, use the Edit Information on the right-hand side. Note: Once you submit enrollment, you will be unable to change the information provided. Click **“Submit Enrollment”**
8. Your registration information has been submitted to the appropriate agency for approval. You will receive additional instructions through the email address provided.
9. Once approved, you will receive an email instructing you to schedule your appointment. You may click on the link provided. **Be sure to note your UEID, as that is the assigned registration number which you will need for scheduling.**

Scheduling

10. Enter your date of birth and last name along with the assigned UEID in order to retrieve your registration and continue. Note: There are options for looking up by phone number and email address as well. Click **“Continue”**
11. Enter a city, state, and/or zip code in the location search field. From the displayed choices, click on the location that you would like to be fingerprinted at.
12. Select appointment Date and Time.
13. Click **“Confirm”** to continue after you have selected your appointment. Once you click confirm, you will be presented with one additional confirmation button.
14. Review your appointment information and verify it is correct. If you must make any corrections use the Edit Information on the right-hand side.
15. Payment entry screen, you will prompt to enter payment information. Click **“Pay and Submit”**.
16. Your application has been completed and summary information provided onscreen. You may print this page or download a copy of this information by using the buttons on the lower left.
17. You will then visit the selected Enrollment Center at the appropriate day and time.
18. This information will also be emailed to the provided email address.

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