Dear Applicant

**BOARD OF EDUCATION**

**Washington County Board of Education**

**501 Industrial Drive**

**P O Box 716**

**Sandersville, GA 31082**

**Main (478) 552-3981**

**Fax (478) 552-3128**

Thank you for your interest in working for the Washington County Board of Education.

The first steps in completing this application require that you carefully read and complete sections I through VI. Incomplete applications cannot be processed. Please follow the instructions printed on your application. This instruction sheet provides you with additional details about each section.

**Section** I. Please include the month, day and year of previous and current employment as accurately as possible. If offered employment, this information will assist with determining your placement on the state salary schedule.

**Military experience.** If you are offered a position with WCBOE, you will be required to submit your DD Form 2 l 4 (certificate of release or discharge from military duty). Verification of prior military experience will determine your placement on the state salary schedule.

**Section ll.** Submit official transcripts with this application **or** request that your official transcripts from all colleges and universities attended are sent to WCBOE.

**Section III**. To check the status of your certification go to https://mypsc.gapsc.org. If you are applying

for a position but do not currently hold a valid teaching certificate issued by either the Georgia

Professional Standards Commission or an out of state teacher licensing agency, please attach a note

explaining your certification status.

**Section** IV. Answer all questions as thoroughly as possible.

**Section V.** References:

Please be sure to include telephone numbers where your references can be reached.

**VI. Autobiography:** Must be handwritten.

Read fingerprinting and criminal background consent, sign, and date and then return application to Washington County Board of Education.

After your application has been submitted, you may update your information at any time by contacting the personnel office at (478) 552-398 l x.212 or via e-mail to [mwhite@washington.k12.ga.us](mailto:mwhite@washington.k12.ga.us) all applications are kept on file for two years from the date submitted.

***Washington County Board of Education is an Equal Opportunity Employer***

Certificated Application for Employment

**Please print or type**

**Position Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN or Cert ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(As printed on driver’s license)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or Box #) City

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

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_N \_\_\_\_Y (date) \_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_N \_\_\_\_Y (date) \_\_\_\_\_\_\_\_\_\_\_

Are you currently under contract? \_\_\_\_\_N \_\_\_\_Y

Are you prevented from lawfully becoming employed in this country? \_\_\_\_\_N \_\_\_\_Y

(Verification of citizenship or immigration status required upon employment.)

On what date would you be available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **EDUCATION EXPERIENCE:** Report in chronological order, beginning with most recent position, all full-time

teaching and administrative experience including teaching in accredited colleges. Report work as a substitute teacher under "Other Work Experience".

Continuous experience in one school should be reported on one line. Use separate sheet if necessary.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SCHOOL **NAME** | SYSTEM **NAME** | COMPLETE ADDRESS (INCLUDE ZIP CODE) | DATES FROM / T O | TEACHING/ JOB ASSIGNMENT | SUPERVISOR | |
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## MILITARY:

Branch of

Service: \_

Dates

(From/To) \_

Highest

Rank: \_

Type of

Discharge: \_

## OTHER WORK EXPERIENCE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYER | JOB TITLE | ADDRESS | DATES F ROM / T O | SUPERVISOR |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. **PROFESSIONAL PREPARATION:**

**EDUCATION**

.. . -

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME OF SCHOOL | CITY / S T A T E | DATES F ROM / T O | CREDITOR DEGREE | MAJOR SUBJECT | MINOR SUBJECT |
| High School: |  |  |  |  |  |
| \*Colleges: |  |  |  |  |  |
|  |  |  |  |  |  |
| Other Education: |  |  |  |  |  |
|  |  |  |  |  |  |

***Official transcripts are required prior to signing a contract.***

**STUDENT TEACHING**

Will you complete or have you completed student teaching? (Circle) YES or NO If yes:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME AND ADDRESS OF SCHOOL | DATES FROM / T O | SUBJECT OR GRADE LEVEL | NAME OF SUPERVISING TEACHER |
|  |  |  |  |
|  |  |  |  |

If student teaching has occurred within the last 3 years, provide mailing address or phone number of supervising teacher:

If you graduated within last 3 years, provide mailing address or phone number of your college supervisor: \_

National Teacher Exam (subject to official verification): State date taken and score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# III. CERTIFICATION:

1. Do you presently hold a valid Georgia teaching certificate? (Circle) YES· or NO; If yes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE | FIELD | EX P I R E S | C CR T I F I C A T E N O . | R E T I R E M E. N T N O . |
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*·copies of Georgia certificates are required if you are offered employment with the Washington County School System.*

If no, have you applied for a Georgia certificate? (Circle) YES or NO;

Date applied: \_ FIELD: \_

1. Have you previously held a: Probationary and/ or \_ \_ \_ \_ \_ Provisional Georgia certificate? If yes, provide date of expiration. field and system name where employed when certificate(s) was held: \_
2. Do you presently hold or have you ever held a teaching certificate from another state? (circle) YES or NO; \*If yes:

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE | FIELD | EXPIRES | CERTIFICATE NO. |
|  |  |  |  |
|  |  |  |  |
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1. Have you taken the Georgia Teacher Certification Test (TCT)/PRAXIS? (CIRCLE) YES OR NO; If yes, area in which you took test:

Passed: YES or NO. If you have taken the TCT/PRAXIS, enclose copy of score report.

1. Have you ever had a Professional Development Plan (PDP) developed for you while employed in a Georgia system? O YES D NO. If yes. name of system: ---------------------------------------­

# PERSONAL AND PROFESSIONAL DATA:

1. State reason for leaving your last teaching or administrative position: \_
2. Have you taught sufficient years in any other Georgia public school system so as to acquire "tenure" under the Georgia Fair Dismissal Law? (circle) YES or NO If yes, list the name(s) of the school system(s) and dates of employment :
3. . Are you presently under contract with any other school system? (circle) YES or NO

If yes, name system, location and date contract expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List any special honors or distinctions you received in college or in your career:
2. List professional clubs or organizations of which you are a member:
3. List any special interests or hobbies: \_
4. Circle any of the following which you are qualified and willing to direct or coach:

School Newspaper, Yearbook, Orchestra, Band, Chorus, Debates, Drama, Football, Baseball, Track, Tennis, Golf, Softball, Wrestling, Basketball, Volleyball, Soccer, Clubs, Cheerleading, Other: \_

HAVE YOU EVER: *(Each question must be answered}*

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
| 0 | 0 | Failed to have a contract renewed with a school system? |
| 0 | 0 | Broken a contract with a school system? |
| 0 | 0 | Been dismissed from employment with a school system or asked to resign? |
| 0 | 0 | Had a teaching credential denied, revoked or suspended in any state? |
|  |  |  |
| 0 | 0 | Pled guilty to or been convicted of any offense relating to the manufacture, distribution, sale or possession of any illegal drugs? |
| 0 | 0 | Pled guilty or no contest to, or been convicted of any other criminal offense other than a minor traffic offense? |
| 0 | 0 | Received an unsatisfactory performance evaluation from an employer? |
| 0 | 0 | Received a dishonorable discharge from the armed services? |
| 0 | 0 | Been placed on disciplinary probation or suspended from a college or university? |

**IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, you must provide a detailed explanation on a separate sheet attached to this application 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.**

# REFERENCES:

*YOUR APPLICATION CANNOT BE GIVEN PROPER CONSIDERATION WITHOUT FULL NAMES, STREET ADDRESSES, CITIES, STATES, ZIP CODES AND TELEPHONE NUMBERS.*

Do you have a placement file? (Circle) YES or NO You must request that your placement file be forwarded to this office

if you are a beginning teacher:

Persons listed as references should be qualified to answer questions concerning your qualifications for the position you seek. Include principals and supervisors under whom you have taught. (If you are a beginning teacher include cooperating teacher, college supervisor, and/or major professors.) Do not include neighbors, friends, or relatives.

*·PLEASE INCLUDE REFERENCES EVEN IF YOU HAVE A PLACEMENT FILE. COMPLETE ADDRESSES ARE REQUIRED INCLUDING ZIP CODES. PLEASE PRINT OR TYPE REFERENCES*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | PROFESSIONAL ADDRESS OF REFERENCE | | | | | | |
|  |  | | | | | | |
| POSITION | SCHOOL | OR | LOCATION |  | AREA | CODE | TELEPHONE |
|  |
| STREET |  |  | CITY |  | STATE | ZIP CODE |
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| POSITION | SCHOOL | OR | LOCATION |  | AREA | CODE | TELEPHONE |
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| STREET |  |  | CITY |  | STATE | ZIP CODE |
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| POSITION | SCHOOL | OR | LOCATION |  | AREA | CODE | TELEPHONE |
|  |
| STREET |  |  | CITY |  | STATE | ZIP CODE |

## WRITE YOUR AUTOBIOGRAPHY AND SIGN APPLICATION.

1. **AUTOBIOGRAPHY:**

**In your own handwriting**, please write a brief autobiography, including the reason(s) you chose education as a career.

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###### CONSENT FOR FINGERPRINTING AND CRIMINAL BACKGROUND CHECK

I understand that in the event I am offered a position with this school system that requires certification by the Professional Standards Commission, I may be required to be fingerprinted and have a criminal background check in accordance with the Official Code of Georgia annotated 20-2-211(e)(1).

I further understand that the information obtained from the criminal background check may be used in employment decisions.

I agree and consent for such background check and investigation to be conducted and agree to hold the school system and all officials, representatives and employees of the foregoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence, and similar claims.

I understand I will be issued only a temporary contract of employment pending the outcome of a criminal record check.

The furnishing of false or misleading information or the intentional withholding of material facts, including facts concerning one's criminal record will constitute grounds for immediate termination.

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

By filing application for employment with the Washington County School System, if employed, I agree to abide by all the policies as set forth by the Washington County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Washington County School System contacting my references, previous employers, schools attended, court official ls, 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 from employment.

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

###### APPLICANT'S

**SIGNATURE** ---------------------------- **DATE** ------------

**THE WASHINGTON COUNTY 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.**