

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

Certificated Application for Employment

Thank you for your interest in working for the Washington County Board of Education. Please carefully read and complete this application in entirety. Incomplete applications will not be processed. All Applications are kept on file for two years from the date submitted. Completed applications should be submitted to WCBOE Human Resources Department, attn: Tabitha Hatfield. Application can be delivered in person or submitted by email to thatfield@washington.k12.ga.us.

Position applied for: _____

Date of Application: _____

Applicant's Name: _____ Phone: _____

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

Email: _____

SSN: _____ Certification ID #: _____

Have you previously filed an application with WCBOE? Yes No Date: _____

Have you previously been employed by WCBOE? Yes No Dates: _____

Are you currently under contract? Yes No

Are you prevented from lawfully becoming employed in this country? Yes No
(Verification of citizenship or immigration status required upon employment.)

What date would you be available to begin work? _____

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



Section I

Work Experience: Report in chronological order, beginning with the most recent position, all full-time teaching and administrative experience including teaching in accredited colleges. Report work as a substitute teacher under the “Other Work Experience” section of this form. Continuous experience in one school should be reported on one line. Attach a separate sheet if necessary.

School Name:	System Name:
---------------------	---------------------

Address:

Date of Employment:	Position(s):
Supervisor:	Phone:

School Name:

System Name:

Address:

Date of Employment:	Position(s):
Supervisor:	Phone:

School Name:

System Name:

Address:

Date of Employment:	Position(s):
Supervisor:	Phone:

School Name:

System Name:

Address:

Date of Employment:	Position(s):
Supervisor:	Phone:

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



Military:

Branch:	Date of Service:	Highest Rank:	Type of Discharge:
---------	------------------	---------------	--------------------

Other Work Experience:

Employer	Job Title	Dates of Employment

Address:

Supervisor:	Phone:
-------------	--------

Employer	Job Title	Dates of Employment

Address:

Supervisor:	Phone:
-------------	--------

Employer	Job Title	Dates of Employment

Address:

Supervisor:	Phone:
-------------	--------

Section II**Education:** Official transcripts required prior to being offered and signing a contract.

High School:	City:	St:
Dates attended:	Diploma/Degree:	Major:
		Minor:
College:	City:	St:
Dates attended:	Diploma/Degree:	Major:
		Minor:
College:	City:	St:
Dates attended:	Diploma/Degree:	Major:
		Minor:
Other:	City:	St:
Dates attended:	Diploma/Degree:	Major:
		Minor:

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

Student Teaching: Will you complete or have you completed student teaching? Yes No

If yes:

School name:		City:	St:
Dates of placement:	Subject/Grade:	Supervising Teacher:	
School name:		City:	St:
Dates of placement:	Subject/Grade:	Supervising Teacher:	

If student teaching has occurred within the last 3 years, provide phone number & email of supervising teacher:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

If you graduated within the last 3 years, provide phone number & email of your college supervisor:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

National Teacher Exam (subject to official verification):

State taken _____ Date taken _____ Score _____

Section III

Certification: Copies of Georgia certificates are required if you are offered employment with the Washington County Board of Education.

1. Do you presently hold a valid Georgia teaching certificate? Yes No

If yes:

Type	Field	Expiration Date	Certificate #	Retirement #

If no, have you applied for a Georgia teaching certificate? Yes No

Date applied: _____ Field: _____

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



2. Have you previously held a Probationary and/or Provisional Georgia certificate? If so:

Date of expiration: _____ Field: _____

System name where employed when certificate was held: _____

3. Do you presently hold or have you ever held a teaching certificate from another state?

Yes No

Type	Field	Expiration Date	Certificate #	State

4. Have you taken the Georgia Teacher Certification Test? Yes No

If yes: Area taken: _____ Passed: Yes No Score: _____

5. Have you ever had a Professional Development Plan developed for you while employed in a Georgia school system? Yes No

If yes: System name: _____

Section IV

Personal and Professional Data:

1. Reason for leaving your last teaching/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? Yes NO

If yes; list the name(s) of the school system(s) and dates of employment.

Name of School System	Dates of employment

3. Are you presently under contract with any other school system? Yes No

If yes; list the name of the system, location and date contract expires.

Name of School System	Location	Date of expiration

4. List any special honors or distinctions you have received in college or in your career:

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



5. List professional clubs or organizations of which you are a member:

6. List any special interests or hobbies:

7. Mark any of the following you are qualified and/or willing to direct or coach:

Yearbook	Band	Chorus	Debate	Drama
Football	Baseball	Track	Tennis	Golf
Softball	Wrestling	Basketball	Soccer	Cheerleading
Dance	Gymnastics	Clubs	Other: _____	

8. Have you ever: (each question must be answered)

Yes	No	
		Failed to have a contract renewed with a school system?
		Broken a contract with a school system?
		Been dismissed from employment with a school system or asked to resign?
		Had a teaching credential denied, revoked or suspended in any state?
		Pled guilty to or been convicted of any offence relating to the manufacture, distribution, sale or possession of any illegal drugs?
		Pled guilty or no contest to, or been convicted of any other criminal offense other than a minor traffic offense?
		Received an unsatisfactory performance evaluation from an employer?

- If you answered yes to any of the above questions, you must attach a detailed explanation to this application. The explanation should include the specific offense, the disposition of the offense, and the date, court, county, and state where you were charged.

Section V

References: Your application will not be given proper consideration without full names, complete addresses, telephone number and email of all references. 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.**

Do you have a placement file? Yes No

- If you are a beginning teacher, you must request that your placement file be forwarded to this office if you are a beginning teacher.



PLEASE INCLUDE REFERENCES EVEN IF YOU HAVE A PLACEMENT FILE. COMPLETE ADDRESSES ARE REQUIRED INCLUDING ZIP CODES.

Name:	School/Organization:	Position:	
Address:			
Street	City	St	Zip
Phone:	Email:		

Name:	School/Organization:	Position:	
Address:			
Street	City	St	Zip
Phone:	Email:		

Name:	School/Organization:	Position:	
Address:			
Street	City	St	Zip
Phone:	Email:		

Name:	School/Organization:	Position:	
Address:			
Street	City	St	Zip
Phone:	Email:		

Name:	School/Organization:	Position:	
Address:			
Street	City	St	Zip
Phone:	Email:		

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



Section VI

Autobiography: In your own words, please tell us about yourself, including why you chose education as a career.

CONSENT FOR FINGERPRINTING AND CRIMINAL BACKGROUND CHECK

I understand that in the event I am offered a position with the Washington County Board of Education, 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 forgoing 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 records 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 WCBOE, if employed, I agree to abide by all the policies as set forth by the WCBOE. I authorize full investigation of the information given in this application and consent to the representatives of the WCBOE 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 dismissal from employment.

The application, transcript, references and other data are the property of the WCBOE and will not be returned to the applicant.

Applicant's Signature: _____ **Date:** _____

Washington County Board of Education is an equal opportunity employer and does not discriminate in employment on the basis of race, color, sex, religion, cred, national origin, age or disability.

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

