

ATKINSON COUNTY SCHOOLS

Office of Superintendent

**98 East Roberts Avenue
Pearson, Georgia 31642**

(912) 422-7373 Telephone

(912) 422-7369 Fax

Dear Applicant:

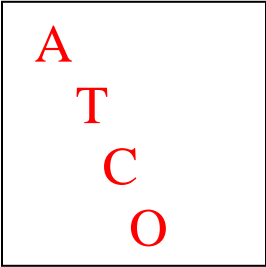
Thank you for your interest in employment with Atkinson County Schools. Please complete the certified application for employment and return to the Board of Education Office. In order to process your application promptly, the procedures listed below must be followed:

1. All requested information on the application must be completed. Each reference must include a name, street address, city, state, zip code, and telephone number.
2. Include supporting documentation with your application, such as a copy of your teaching certification and GACE or Praxis scores, etc.

When a vacancy is anticipated, the applicants whose credentials and experience are best suited for the vacancy will be contacted by the pertinent principal or hiring manager. Your application will remain on file for two school years. Your application then becomes inactive and will be destroyed, unless you request in writing that it remains active.

Thanks again for your interest in employment with our school system.

Sincerely,
Superintendent, Atkinson County Schools



Atkinson County Schools

Advancing The Children's Opportunities

98 E. Roberts Avenue
Pearson, GA 31642

Certified Employee Application

Date of Application: _____

Department Use Only	
Date	
Interviewed:	_____
Interviewer:	_____
Location:	_____
Applicant's Social Security #	_____

Name: _____ Date Available for Employment: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Position Information

Check All Positions For Which You Are Applying:

<input type="checkbox"/> Kindergarten	<input type="checkbox"/> High School, Grades 8-12 (Subject: _____)	<input type="checkbox"/> Counselor
<input type="checkbox"/> Elementary, Grades 1-3	<input type="checkbox"/> Foreign Language (Language: _____)	<input type="checkbox"/> School Social Worker
<input type="checkbox"/> Elementary, Grades 4-5	<input type="checkbox"/> Special Education (Area: _____)	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Middle Grades, Grades 6-7	<input type="checkbox"/> Media Specialist	<input type="checkbox"/> Administrator
Concentration(s) _____		<input type="checkbox"/> Other

Check Extracurricular Activities You May Be Interested in Sponsoring:

<input type="checkbox"/> Year Book	<input type="checkbox"/> Drill Team/Flag Corps	<input type="checkbox"/> Clubs (Science, Art, Etc.)
<input type="checkbox"/> Literary Events	<input type="checkbox"/> One Act Play	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Coach (Sport: _____)	<input type="checkbox"/> Student Council	<input type="checkbox"/> Other: _____

Certification Information

Have you ever held a Georgia Teaching Certificate? ____ Yes ____ No Certification Number: _____

Type	Number	Degree Level	Expiration Date	Area(s)
Type	Number	Degree Level	Expiration Date	Area(s)

Do you presently or have you ever held a teaching or leadership certificate, permit, or license issued by the Georgia Professional Standards Commission? Yes No

If yes, provide date of application: _____

Do you hold a valid teaching certificate from another state? Yes No Which State _____ (Enclose Copy)

Have you taken the "Georgia Teaching Certification Test" in your field of study? Yes No

Praxis II	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Enclose Copy of Score Report)
GACE	<input type="checkbox"/> Yes <input type="checkbox"/> No	NTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL PREPARATION

Education

Name of School	City/State	Grad Date	Credit or Degree	Dates Attended	Major Subject	Minor Subject
High School						
College/University						
Graduate Study						
Additional Study						

Student Teaching

From Month Year	To Month Year	School/Supervisor	Location City State	Grade and/or Subjects

Teaching and/or Administrative Experience (In order beginning with most recent position)

School Address City, State, Zip	Date From - To Month Day Year	Superintendent Or Principal	Grade or Subjects	Reason for Leaving

Have You Ever: (Each question must be answered)

Yes No

- Failed to have an employment contract renewed with a school system?
- Abandoned an employment contract with a school system by resigning without obtaining release from or the consent of its board of education?
- Been dismissed from employment with a school system or asked to resign?
- Had a teaching credential denied, revoked or suspended in any state?
- Received an unsatisfactory performance evaluation from an employer?
- Are there presently any charges pending against you alleging your commission of a felony-grade crime, a crime involving moral turpitude, or relating to a violation of any standard of performance or code of ethics of any profession?
- Has any adverse action (e.g. warning, reprimand, suspension, revocation, voluntary surrender, monitoring, etc.) ever occurred relating to your teaching or leadership certificate, license, or permit issued by the Georgia Professional Standards Commission, or any other similar regulatory agency outside of the state of Georgia?
- Have you taught sufficient years in any other Georgia public school system so as to acquire "tenure" under the Georgia Fair Dismissal Law? If yes, list the name(s) of the school system(s) and dates of employment: _____
- Are you presently under contract with any other school system?

References

Reference forms are attached to this application and are to be given to the references indicated below with instructions that they mail their reference form to the Atkinson County Board of Education. Please remember that no application will be considered complete until these references have been received. **It is strongly recommended that you select references that can comment on work experiences as an evaluator, supervisor, etc.**

Name	Address	Phone

APPLICANT SIGNATURE STATEMENT

I hereby certify that I have carefully read and reviewed the foregoing Certified Employee Application with the Atkinson County School System. Further, I hereby certify that all of the information contained in my responses is true, accurate, and complete. I understand and acknowledge that the failure to provide true, accurate, and complete information will provide good and sufficient reason to (a) deny this application for employment with the Atkinson County School System; or (b) terminate my employment with the Atkinson County School System at a later time if I am hired. Should I become employed by the Atkinson County School System by virtue of this application, I agree to obey and abide by all of its policies and regulations.

I understand and acknowledge that all personnel employed by a local board of education in the state of Georgia are required by law to be fingerprinted and have a criminal background check by virtue of said employment, and at subsequent times and intervals during that employment. In this regard, I agree to be fingerprinted when requested and consent to the check of my criminal background in accordance with the laws of Georgia and the rules and regulations of the Atkinson County School System by virtue of this application for employment, and at subsequent times and intervals if I am hired. I agree to fully cooperate to accomplish the foregoing, including but not limited to signing any forms required.

Signature

Date

The Atkinson County School System is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, age or handicap in its employment practices.

Atkinson County School System
98 E. Roberts Avenue
Pearson, Georgia 31642

The Applicant listed below is formally applying for a position with the Atkinson County School System. As a part of the employee selection process, it is requested that each applicant forward a copy of this reference form to three persons who are uniquely familiar with his/her ability, potential, and/or past performance. Your prompt attention in completing the items below and returning the form to us will be greatly appreciated. Your reply will be considered strictly confidential.

APPLICANT _____
FIRST
MIDDLE
LAST

POSITION DESIRED _____

NAME OF REFERENCE _____

ADDRESS OF REFERENCE _____

TO APPLICANT: All applications and accompanying records become the property of the Atkinson County School System and are not available to candidates, I agree for this reference to be confidential, and by signing and dating the waiver of access below, I, the undersigned, waive any right of access to this reference.

Signature of Applicant _____ Date _____

Please record a number from the following scale which describes the applicant in comparison with persons you have known with comparable years of experience.

1 – OUTSTANDING – TOP 10%
3 – AVERAGE – MIDDLE 50%

2 – ABOVE AVERAGE – TOP 25%
4 – BELOW AVERAGE – BOTTOM 25%

(Leave blank if unobserved or unknown)

Accuracy and dependability		Instructional planning	
Assessment of pupil needs		Integrity	
Attendance		Judgment and common sense	
Classroom management skills		Leadership potential	
Cooperation with others		Loyalty to administration and system	
Correct use of standard English		Maturity (poise, self-control)	
Provides conducive learning environment		Motivation and relationship to pupils	
Effective communication		Personal hygiene and grooming	
Enthusiasm for learning and teaching		Physical fitness and health	
Evaluation of pupil progress		Potential for professional growth	
Flexibility		Positive attitude toward supervision	
Implementation of planned instruction		Professional attitude	
Initiative and creativity		Punctuality	

1. Have you seen this applicant teach? Yes No NA
2. How long have you known this applicant? _____
3. Would you employ this person? Yes No
4. Do you prefer talking to us by phone? Yes No
5. I recommend applicant for position. Highly Favorably No

Signature of Reference _____ Date _____