

APPLICATION PROCEDURES for Certified Positions

Vidalia City Schools

1. An application packet is sent to all individuals who request one.
2. Applicants must provide all information on the application forms. Please Do Not write "See Resume."
3. Must list five references with complete mailing addresses, emails (if available) and phone numbers. Include current / most recent supervisor or evaluator.
4. Official undergraduate and graduate transcripts are required before an offer of employment can be finalized. Copies of official transcripts are acceptable.
5. A copy of your teaching certificate MUST be included in the application packet.
6. If you have passed the Georgia Teacher Certification Test (TCT), or the PRAXIS (I and/or II), or GACE (basis skills and/or assessment) or another state assessment, a copy of your score report sheet must be included with your application.
7. You are encouraged to submit any information and/or data to support your application. This may include, but is not limited to, a resume, recognition awards, presentations, media clippings, etc. Since such items cannot be returned to you, please submit copies.
8. Your application will remain in our active file for the current year of receipt or the following academic year if received during the summer months. It is your responsibility to notify us of any changes in the information on your application or if you request your application to remain active for a longer period of time than stated above.
9. Your application will be made available to principals; therefore, it is not necessary to provide a copy of the application packet to the schools. Principals will select and contact applicants for interviews as a vacancy becomes available.
10. A criminal record check (*which includes fingerprinting*) is required by state law to be conducted at or prior to employment on every person who is employed by the Board of Education for the first time to fill either a full-time or part-time, certified or classified position with this School District. All background checks are generated electronically and are initiated by the school system. The individual is required to pay all costs associated with the background check.
11. A completed application packet will include:
 1. Employment Application
 - General Information / Position Desired
 - Education Experience / Professional Preparation
 - Certification
 - Personal Professional Data
 - References
 - Administrative Recommendation (for school office use only, include with application)
 2. Certificate and assessment scores
 3. College Transcripts
 4. Statement Concerning Your Employment in a Job Not Covered by Social Security
 - applicant signature on this form acknowledges receipt of information received regarding social security benefits
 5. Additional supporting documentation (i.e. resume, recognition awards, presentations, media clippings, etc)

It is the procedure of Vidalia City Schools that each principal interview and select staff to be recommended to the superintendent. The superintendent reviews those recommendations and submits them to the board of education. Following this procedure allows the superintendent to hold the principals responsible for their staff members' performance.

1001 North Street, West
Vidalia, Georgia 30474
(912) 537-3088
www.vidaliacity.schoolinsites.com

Vidalia City Schools

"Building on A Tradition of Excellence"

CERTIFIED EMPLOYMENT APPLICATION

Date of Application: _____

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age and marital status, or handicap.

Please indicate the grade levels and/or subject areas for which you wish to apply.

ELEMENTARY EDUCATION (GRADES P-5)

ADMINISTRATION

Specify position _____

MIDDLE GRADES EDUCATION (GRADES 4-8)

Subject Area(s) of Concentration _____

SPECIAL EDUCATION (Grades P-12)

Area(s) of Exceptionality _____

Subject Area(s) _____

SECONDARY EDUCATION (Grades 6-12)

Subject Areas(s) _____

OTHER CERTIFIED POSITIONS

(i.e. counselor, media specialist) _____

The Georgia Department of Education requires all teachers and administrative personnel to hold a valid Georgia Certificate. It is your responsibility to obtain and maintain a current Georgia certificate.

PLEASE TYPE OR PRINT (black or blue ink only!)

Name _____ Social Security No. _____

Address _____ City _____ State _____ Zip Code _____

Home Telephone # _____ Mobile Telephone # _____

E-mail address _____

Date Available for Employment _____

To assist our efforts to comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer all questions below.

Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE / ETHNIC GROUP:	
	<input type="checkbox"/> American Indian / Alaskan Native (1) <input type="checkbox"/> Caucasian / White (2) <input type="checkbox"/> Hispanic (3)	<input type="checkbox"/> African American / Black (4) <input type="checkbox"/> Asian (5) <input type="checkbox"/> Multi-Racial (6)

CERTIFICATION

Georgia Certificate Type(s) _____ Expiration Date _____

Field(s) of Certification _____ (Attach a copy of certificate)

Have you taken an assessment test? Yes No If yes, which one TCT Praxis II GACE other _____

Date taken/scheduled _____ Pass Fail (Attach a copy of the score report(s))

If you do not possess a Georgia teaching certificate, please indicate what state and field(s) of certification (Attach a copy)

STUDENT TEACHING

Date Completed _____ School/System _____

School Address _____ Principal _____

Supervising Teacher _____ Grade/Subject _____

Professional improvement is considered an integral part of the employment agreement. If you have not earned a Master's degree, would you agree to complete a minimum of 10-quarter hours per year (or its equivalent) and obtain a Master's within five years? ___Yes___No

TEACHING and/or EDUCATIONAL ADMINISTRATIVE EXPERIENCE

School System / BOE Address / Phone #	Name of School & Supervisor / Principal	Grade & Subject(s)	Reason for Leaving	Dates of Employment
_____ _____	_____ _____	_____ _____		From: _____ To: _____
_____ _____	_____ _____	_____ _____		From: _____ To: _____
_____ _____	_____ _____	_____ _____		From: _____ To: _____
_____ _____	_____ _____	_____ _____		From: _____ To: _____
_____ _____	_____ _____	_____ _____		From: _____ To: _____

NON-TEACHING EXPERIENCE

Employer	Address	Supervisor	Dates of Employment (From-To)
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY EXPERIENCE

Branch of Service	Highest Rank	Type of Discharge <small>Attach a copy of DDForm 214</small>	Years of Service
_____	_____	_____	_____

Do you have a military obligation to fulfill? ___Yes___ No If yes, please describe: _____

TENURE

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

EDUCATION

(Include high school, college, graduate work, and summer sessions taken)

Name of School / Location	Dates Attended		Degree Awarded	Major / Minor
	From	To		

SCHOOL ACTIVITIES

List below those school activities in which you are interested and which you are qualified to coach / direct.

_____	_____
_____	_____
_____	_____

REFERENCES

Please list persons qualified to answer questions concerning your professional preparation and competence.

These (5) five references should be persons qualified to answer questions concerning your qualification for the position you seek.

DO NOT LIST RELATIVES OR PERSONS WHO CAN EVALUATE ONLY YOUR PERSONALITY AND CHARACTER.

Name / Position	Email Address	Mailing Address	Daytime Phone #

ADDITIONAL INFORMATION

If you answer "YES" to any of the following questions, **an explanation and supporting documentation must be submitted with this application**. Failure to complete ALL of this section will result in the disqualification of your application.

*Pursuant to O.C.G.A. 20-2-211, all employees are required by Georgia law to be fingerprinted for a criminal history background check.

No	Yes	Have you ever surrendered a teaching license, credential, or permit, or had one denied, revoked, or suspended, or is any investigation or adverse action now pending against you?
No	Yes	Are you now or have you ever been under investigation by the Georgia Professional Standards Commission or any other professional monitoring organization?
No	Yes	Have you ever been dismissed / non-renewed from employment with a school system?
No	Yes	Have you ever been arrested, pleaded guilty or no contest to or been convicted of any criminal offense other than a minor traffic offense? NOTE: Driving While Intoxicated (DWI), Driving Under the Influence (DUI), and similar charges are NOT considered minor traffic offenses.
No	Yes	Have you ever received an unsatisfactory performance evaluation from an employer?
No	Yes	Have you ever been addicted to alcohol or drugs?
No	Yes	Do you have any health condition(s) which may prevent you from performing adequately in this position?
No	Yes	Are you presently receiving, or have you ever received, any compensation or disability benefits?

Do you agree and consent for such *background search and investigation to be conducted, and agree to hold the school district and Georgia School Boards Association and all officials, representatives and employees of the foregoing harmless from all claims for libel, slander, invasion of privacy, intentional infliction of emotional distress and similar claims? Yes No

NOTE: All background checks are generated electronically and are initiated by the school system. The individual is required to pay all costs associated with the background check.

In the last 12 months, how many days have you lost from work because of illness? _____

Other reasons? _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. Furthermore, it is understood that this application, transcripts, and other documentation becomes the property of the Vidalia City School System. In the event of employment, I understand that false or misleading information given in my application or interview(s), including facts concerning my criminal record, may result in dismissal. I understand, also, that I am required to abide by all policies and regulations of the Vidalia City School System.

Signature _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER

The Vidalia City Board of Education is an equal opportunity employer and does not discriminate against any person on the basis of gender, race, color, religion, national origin, age or handicap/disability in any of its education programs, employment practices or student activities.

THE VIDALIA CITY SCHOOL SYSTEM OPERATES A DRUG-FREE, PUBLIC WORKPLACE.

Administrative Recommendation

(For School Office Use Only)

I hereby recommend _____ for the position of _____
(applicant)

_____ to begin on _____
(position) (Date - mm/dd/yy)

I have reviewed the other applicants on file in the system personnel office as of _____
(Date - mm/dd/yy)

and have selected this applicant in preference to all others.

My recommendation of this applicant is supported by verbal and/or written communication with:

1. _____
2. _____
3. _____

COMMENTS:

This employee has been informed that (1) payroll for services rendered will not be issued until all necessary employment forms are completed and returned in the Vidalia City Schools' Central Office and (2) his/her employment is temporary pending an acceptable background check.

Administrator _____ Date _____

Date of Board Approval: _____ Superintendent's Signature _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name

Employee ID#

Employer Name

VIDALIA CITY SCHOOLS

Employer ID#

58-6000175

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee

Date
