

MURRAY COUNTY SCHOOL SYSTEM

SUPPORT STAFF EMPLOYMENT APPLICATION

INDICATE THE POSITION YOU ARE APPLYING FOR
CHECK ONLY ONE

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Technology | <input type="checkbox"/> Bus Monitor |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Paraprofessional * | <input type="checkbox"/> Nurse | <input type="checkbox"/> Other: _____ |

*IF YOU ARE APPLYING TO BE A PARAPROFESSIONAL YOU MUST BE ELIGIBLE FOR A LICENSE. TO VERIFY THIS, PLEASE ATTACH YOUR GACE SCORES, PRAXIS SCORES, OR A COLLEGE TRANSCRIPT SHOWING 60 SEMESTER HOURS CREDIT. FOR MORE INFORMATION GO TO www.gapsc.com/ParaPro/Assessment.asp

PERSONAL INFORMATION

Date _____ Social Security # _____

Full Name _____
Last
First
Middle

Mailing Address _____
Street
City
State
Zip Code

Phone number _____ Cell Phone _____

Have you previously held a position with the Murray County School System? Yes No

If yes, please give dates and the name of your supervisor: _____

If yes, please give your name at time of employment, if different than now: _____

EDUCATION AND TRAINING

Level of Education Degree?	Name of School	From	To	Diploma or

High School/GED	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
College	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

OFFICE USE ONLY

WORK EXPERIENCE

LIST YOUR PRESENT AND PAST EMPLOYERS, BEGINNING WITH THE MOST RECENT

Firm/Organization	Phone # & Ext.	Supervisor	Date From	Date To	Type of Work

PERSONAL REFERENCES

Please list three names, with addresses and phone numbers, of people **not related to you** who are willing to provide reference information.

Name	Mailing Address	Telephone

PERSONAL AFFIRMATIONS

To your knowledge, have you ever applied for a position with our school system and been denied employment or dismissed from employment due to a disqualifying criminal history or misrepresentation of facts on an application?

YES _____ NO _____

Have you ever been "dismissed for cause" (or "fired") by this or any other school system?

YES _____ NO _____

Have you **ever been arrested, plead guilty, or been convicted** of a misdemeanor or felony, including pleading nolo contendere (no contest), or are you now under investigation for any such offense, other than a minor traffic offense? Please note: Driving Under the Influence (DUI), Driving While Intoxicated (DWI), and similar charges are **NOT** considered minor traffic offenses.

YES _____ NO _____

If you answered "YES" to any of the above questions, please give detailed information below. Attach a separate page if necessary.

By signing below, I verify that I am legally authorized to work in the State of Georgia and the United States of America on a full-time basis. My signature below also verifies that the information provided in this application is true to the best of my knowledge; and that I understand that the misrepresentation or omission of any information shall be reason for non-employment or immediate dismissal from employment.

SIGNATURE: _____

DATE: _____

Additional Questions for Bus Driver Applicants

What type of license do you have? _____ License # _____

1. Have you ever received a traffic ticket in any jurisdiction? Yes _____ No _____

If your answer to question one is **Yes**, answer the following in relation to each ticket. (use back of page if additional space is needed)

Ticket 1:

- a. date: _____
- b. jurisdiction: _____
- c. violation: _____
- d. disposition: _____

Ticket 2:

- a. date: _____
- b. jurisdiction: _____
- c. violation: _____
- d. disposition: _____

List any additional tickets on back of this page.

2. Have you ever had a positive Drug Screening? Yes _____ No _____
3. Have you ever refused a Drug Screening? Yes _____ No _____
4. Has your driver's license ever been suspended or revoked? Yes _____ No _____

If your answer to question two is **Yes**, answer the following in relation to each suspension or revocation. (use back of this page if additional space is needed)

- a. state suspending or revoking license: _____
- b. period of suspension or revocation: _____
- c. reason for suspension or revocation: _____

5. Are you willing to work as a substitute? Yes _____ No _____

I signify that all information on this page is true and accurate. I also understand that any misrepresentation or omission of any information requested shall be a reason for non-employment or immediate dismissal from employment. I also understand that my application for employment, including this additional information, is subject to verification.

Signature

Date