

# 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](http://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 \_\_\_\_\_

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## 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.

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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