

**Central Office
Use Only**

Date Received: _____

Date Interviewed: _____

By: _____

At: _____

Quitman County Schools

P.O. Box 248

Georgetown, Georgia 39854

Phone (229) 334-4189

An Equal Opportunity Employer

**Central Office
Use Only**

____ Bus Driver

____ Clerical

____ Custodial

____ Food Service

____ Maintenance

____ Parapro

____ Other

NON-CERTIFICATED APPLICATION FORM

(PLEASE PRINT PLAINLY)

DATE:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Check One	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.
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Name _____

First Name	Middle Name	Last Name
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Present Address _____

Street	City	State	ZIP
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Social Security # _____ Telephone (_____) _____
Area Code

Permanent Address _____

Street	City	State	ZIP
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How long have you lived at above address? _____ Are you a U.S. citizen? _____

Position(s) applied for: _____

Would you work Full-Time Part-Time Substitute

Were you previously employed by us? _____
If Yes, when? _____

If your application is considered favorably, on what date will you be available for employment? _____

RECORD OF EDUCATION

	Name of School and Address City and State	Diploma or Degree	Dates Attended Month & Year
High School			
College/ University			
Other (Specify)			

MILITARY EXPERIENCE (Active Duty - Do Not Include Reserve Duty) Please provide a copy of your DD214 Long Form

Dates	From	To	No. Months	Branch of Service

WORK EXPERIENCE: (Begin with your most recent employment)

Name of Company	Address of Company Telephone #	From:	To:	Describe the type of work you did	Reason for Leaving	Supervisor
1						
2						
3						

PERSONAL REFERENCES

Name	Address	Telephone #

Federal law prohibits discrimination on the basis of race, color, or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972 and Title II of the Vocational Education Amendments of 1976); or handicap (Section 504 of the Rehabilitation Act of 1973) in educational programs or activities receiving federal financial assistance. Employees, students and the general public are hereby notified that the Quitman County Schools do not discriminate in any educational programs or activities or in employment policies.

By filing an application for employment with the Quitman County School System, if employed, I agree to abide by all policies as set forth by the Quitman County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Quitman County School System contacting my references, previous and present employers, physicians, hospitals, schools attended, court officials, and law enforcement authorities and hereby release the Quitman County School Board from any liability for any claim or damage which may result. **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 Quitman County Board of Education and will not be returned to the applicant. Upon recommendations for employment by the Quitman County Board of Education, I understand that I must satisfy the requirements of any testing as mandated by the state regulations.

I also understand that in the event I am offered a position with this school system, I will 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 understand that the information obtained from the criminal background check may be used in employment decisions. It is agreed that if offered a position, that employment is provisional for a period of no more than 200 days until such time as the background check and investigation have been conducted.

I further understand that if I am offered a position that requires a commercial driver's license (CDL), I will be subject both initially and randomly to alcohol and drug screening in accordance with OCGA 20-2-1120 through 30-2-1122.

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 foregoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence, and similar claims.

HAVE YOU EVER: (Each question must be answered)

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pled guilty to or been convicted of any offense relating to the manufacture, distribution, sale or possession of any illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Pled guilty or no contest to, or been convicted of any criminal offense other than a minor traffic offense? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received an unsatisfactory performance evaluation from an employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received a dishonorable discharge from the armed services? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a driver's license suspended or revoked? |

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, you must provide a detailed explanation on a separate sheet attached to this application as to each offense including the specific offense for which you were charged, the disposition of the offense, date, court, county, and state where you were charged.

Paraprofessionals must hold at least an Associate Degree (in any subject); **or** have completed two years of college coursework (60 semester hours); **or** have passed a PSC-approved paraprofessional assessment. If eligibility is established through assessment, the applicant must also hold a high school diploma or GED equivalent.

Bus Drivers - Do you have your CDL License? ___yes ___ no

If yes, what state? _____ Endorsements _____

Do you have any previous bus driving experience? ___yes ___ no

If yes, describe _____

Applicant's Signature

Date

This application will be kept on file for one year from the date of application. Notify the personnel director if you wish to remain in the active file for an additional year.