

APPLICATION PROCEDURES for Classified 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.
4. A copy of a GED certificate, high school diploma, and/or college transcripts must be included with the application. Copies of official transcripts are acceptable.
5. A copy of certificates you have earned relevant to the position(s) for which you are applying must be attached. (i.e. paraprofessional certificate, nursing license)
6. A copy of your CDL License is required, if applying for bus driver.
7. If you have passed a paraprofessional assessment (GA, Praxis, or GACE), a copy of your score report sheet must be included with your application.
8. Your application will remain in our active file for one year from the date of application. 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. Assessment scores (*if applicable*)
 3. CDL License (*if applicable*)
 4. GED, High School Diploma, College Transcripts
 6. Paraprofessional / Teacher Certificate (*if applicable*)
 7. Other certifications / licenses

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"

CLASSIFIED EMPLOYMENT APPLICATION

Date of Application: _____

This application will be retained in our files for one year.
Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin,
age and marital status, or handicap.

Position(s) applying for:

- | | |
|--|---|
| <input type="checkbox"/> Paraprofessional (Teacher's Aide) | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> After School Program |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Bus Monitor | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Food Service | |

List Licenses or Certificates you have earned relevant to the position(s) for which you are applying:
(i.e. CDL license, paraprofessional certificate, nursing license, ServSafe certification)
****Attach a copy of license or certification****

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)

WORK EXPERIENCE

Employer / Address	Supervisor	Position	Reason for Leaving	Dates of Employment
_____ _____				From: _____ To: _____
_____ _____				From: _____ To: _____
_____ _____				From: _____ To: _____
_____ _____				From: _____ To: _____
_____ _____				From: _____ To: _____
_____ _____				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: _____

EMPLOYMENT STATUS

Are you currently employed? Yes No If now employed, why are you considering leaving your present position?

If now employed, when may we contact your employer for references? _____

Have you resigned your present position? Yes No Present salary? _____ Salary expected? _____

EDUCATION

Are you a high school graduate? Yes No

Have you earned a GED certificate? Yes No

****ATTACH A COPY OF GED CERTIFICATE, HIGH SCHOOL DIPLOMA, and /or COLLEGE TRANSCRIPTS****

List high schools, college, graduate, vocational, technical and trade schools attended:

Name of School / Location	Dates Attended		Degree / Diploma awarded or no. of credit hours earned	Major / Minor
	From	To		

REFERENCES

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	Email Address (if available)	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. § 20-2-211.1, all employees are required by Georgia law to be fingerprinted for a criminal history background check.

No	Yes	Have you ever surrendered a license, credential, or permit, or had one denied, revoked, or suspended, or is any investigation or adverse action now pending against you?
No	Yes	Have you ever been dismissed from any employment?
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

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 sex, race, color, religion, national origin, age or handicap in any of its education or employment programs or 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.

Beginning Pay Rate _____ First Payroll Date _____

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 _____

Positions NOT COVERED by Social Security: Clerical, Bookkeeper, Technology, School Nurse
****This signed form must be returned with the employment application.****

Positions COVERED by Social Security: Paraprofessionals, Bus Driver/Monitor, Food Service, Maintenance, After School Program

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