

APPLICATION FOR EMPLOYMENT

SEMINOLE COUNTY SCHOOLS
800 SOUTH WOOLFORK AVENUE
DONALSONVILLE, GEORGIA 39845
(229) 524-2433 FAX (229) 524-2212

Directions

1. Please print. Fill in all blanks or indicate N/A (not applicable).
2. A personal interview is required prior to employment.
3. This application will be kept in our active file for one year. It will have consideration for a second year only if a letter is on file requesting for it to be reactivated.

Date of Application: _____

PERSONAL INFORMATION

Name: _____ Social Sec. No.: _____
First Middle Last

PRESENT ADDRESS:

PERMANENT ADDRESS:

Street / P.O. Box

Street / P.O. Box

City State Zip Code

City State Zip Code

Area Code / Telephone

Area Code / Telephone

Email Address _____

POSITION FOR WHICH YOU ARE APPLYING

Check one or show preference by labeling 1, 2 & 3:

Position: _____ Teacher _____ Administrator _____ Counselor _____ Media Specialist

School: _____ Elementary School _____ Middle School _____ High School _____ Central Office
(Grades K-5) (Grades 6-8) (Grades 9-12)

Subject, Area, and/or Grade :

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Date available for employment: _____

CERTIFICATION

STATE	TYPE	FIELD	CERTIFICATE NUMBER	DATE OF ISSUE	DATE OF EXPIRATION

Have you successfully completed student teaching? ____Yes ____No If yes, complete the following:

 School Address Supervising Teacher

Have you passed the Georgia TCT, Praxis or GACE? ____Yes ____No Date passed: _____
 Month/Year

Please enclose a copy of your score report.

Please list extracurricular activities with which you are qualified to assist:

REFERENCES

Please list 5 references below. These should be persons qualified to give information to show your fitness for the position you seek. Be sure to include your former principals and supervisors if you are an experienced teacher. Beginning teachers should include college supervisors, student teaching supervisor, and/or major professors. Do not include relatives, friends, or neighbors.

NAME	POSITION	TELEPHONE		MAILING ADDRESS
		HOME	WORK	

TEACHING EXPERIENCE

List in order of experience with the most recent dates first.

NAME OF SCHOOL NAME OF SCHOOL SYSTEM MAILING ADDRESS	NAME & TITLE OF SUPERVISOR	TELEPHONE NUMBER	GRADE(S) & SUBJECT(S) TAUGHT OR POSITION HELD	DATES	
				FROM	TO

Total years of teaching experience:

Are you presently under a teaching contract? Yes No

If yes, date contract expires: _____ School system: _____

Have you ever failed to have a contract renewed? Yes No

If yes, attach an explanation.

Have you ever had a teaching certificate denied, revoked, or suspended in any state?

Yes No If yes, attach an explanation.

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes No If yes, attach an explanation.

PROFESSIONAL PREPARATION

High School _____

City & State _____

Graduation Date _____

COLLEGES ATTENDED	ADDRESS	DATES	DEGREE, DIPLOMA OR TOTAL HOURS OF GRADUATE COURSES	MAJOR	MINOR

MILITARY EXPERIENCE

BRANCH OF SERVICE	HIGHEST RANK	DATES		TYPE OF DISCHARGE
		FROM	TO	

PERSONAL STATEMENT

Please write a brief paragraph on the following two topics:

Why did you choose teaching as a profession?

What attracted you to Seminole County, what motivated you to apply with the Seminole County Board of Education, and what are your plans for becoming a long-term resident of Seminole County?

By filing an application for employment, if employed, I agree to abide by all policies as set forth by the Seminole County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Seminole County Board of Education contacting my references, previous employers, physicians, hospitals, schools attended, court officials, and law enforcement authorities. I also understand that any misstatement or omission of any information requested shall be reason for non-employment or dismissal from employment.

The application transcripts, references, and other data are the property of the Seminole County Board of Education and will not be returned to the applicant.

Applicant's Signature: _____ Date: _____

*The inclusion of a recent photograph is encouraged but not required.

The Seminole County Board of Education is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, age, national origin, or handicap in its educational programs, activities, or employment policies.