



## APPLICATION FOR CLASSIFIED EMPLOYMENT

P. O. Box 3310      Cartersville, Georgia 30120

Date of Application: \_\_\_\_\_ (Applications will be kept on file for one calendar year.)

### I. POSITION DESIRED

Indicate the position(s) for which you wish to be considered.

Paraprofessional

Maintenance

Custodian

Secretarial, Office Clerk

Other \_\_\_\_\_

### II. PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

FIRST

MIDDLE

LAST

STREET AND NUMBER

CITY

STATE

ZIP CODE

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail address \_\_\_\_\_

### III. EDUCATION

Name of School	City	State	Graduation Date	Degree Awarded
<i>High School</i>				
<i>College/Post Secondary School</i>				
<i>College/Post Secondary School</i>				
<i>Other</i>				

#### PERSONNEL DEPARTMENT USE ONLY

Date Received: \_\_\_\_\_  
 Date Interviewed: \_\_\_\_\_ By: \_\_\_\_\_  
 Date Interviewed: \_\_\_\_\_ By: \_\_\_\_\_

**IV. PREVIOUS EMPLOYMENT***Beginning with most recent employer*

Company Name & Address	Supervisor's Name	Phone Number	Job Title	Dates of Employment From - To	Reason for Leaving

**V. REFERENCES**

Name	Address	Phone Number	Occupation/Position

**VI. GENERAL INFORMATION**

A. Do you have any health-related conditions that might interfere with your ability to safely and efficiently perform all the duties of the job for which you are applying?

Yes

No

If yes, please explain:

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B. Describe your interest and/or experience in working in a school environment:

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C. If applying for paraprofessional, secretarial, or office clerk position, describe your level of technology training and skills:

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**VII. CRIMINAL BACKGROUND CHECK**

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- A. I understand that in the event I am offered a position with this school system, I shall be required to be fingerprinted and have a criminal background check in accordance with applicable Georgia law. **The cost of fingerprinting shall be paid by the applicant.**
- B. 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, employment is provisional for a period of no more than the time allowed by Georgia law until such time as the background check and investigation be conducted.
- C. I further understand that if I 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 Georgia law.

**CRIMINAL CONDUCT**

- D. Have you ever been convicted of any crime, entered a plea of guilty, nolo contendere, suffered first offender adjudication, any similar criminal, quasicriminal determination, or adjudications, other than minor traffic violations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

- E. Have you ever been charged with any crime or been named in an indictment, accusation, or special presentment of any offense, other than a minor traffic violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

- F. Are you currently under any criminal investigation or have any adverse action now pending against you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is "**Yes**" to either D, E or F above, state the name and location of the court, the date of the alleged offense, a description of the charges, and an explanation of the final action taken, including any fines, probation, imprisonment, first offender adjudication, or other disposition.

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**VIII. WORK ETHIC**

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- A. Have you ever been asked to resign or been given an opportunity to resign in lieu of being terminated or fired?

\_\_\_\_\_ Yes \_\_\_\_\_ No

- B. Have you ever received an unsatisfactory work evaluation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to either A or B, where? \_\_\_\_\_

Date & Reason: \_\_\_\_\_

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**IX. PARAPROFESSIONAL APPLICANTS**

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Please submit with this application a copy of your college transcripts (if applicable) and a copy of your parapro certificate if you have one.

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Do you meet one (or more) of the following qualifications of the federal No Child Left Behind Act?

[Check all that apply]

2 or more complete years or college or post-secondary education (60 semester hours).

I have passed the Paraprofessional Assessment.

I have an Associates (or higher) Degree.

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**X. VERIFICATION**

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**PLEASE READ CAREFULLY BEFORE SIGNING:**

*I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Cartersville School Board.*

*I understand and agree that all information furnished in this application may be verified by the Cartersville School Board.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Mail or deliver completed application to:*

**Personnel Office  
Cartersville City Schools  
P. O. Box 3310  
15 Nelson Street  
Cartersville, Georgia 30120**

This application will be kept on file for one year from the date of the application. If applicant is not employed within one year and still wishes to be considered, the application must be updated annually.

*"It is the policy of the Cartersville City School System not to discriminate on the basis of race, color, sex, religion, national origin, age, disability, or handicap in any employment practices, educational programs or activities."*