



**APPLICATION FOR CERTIFIED EMPLOYMENT**

**P. O. Box 3310 Cartersville, Georgia 30120**

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

**I. POSITION DESIRED**

List grades/subjects/areas for which you are making application in order of preference:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**II. PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

FIRST

MIDDLE

LAST

STREET AND NUMBER

CITY

STATE

ZIP CODE

PHONE

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

Do you have any health-related conditions that might interfere with your ability to safely and efficiently perform the duties of the job for which you are applying? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, please explain: \_\_\_\_\_

**III. CERTIFICATION**

If you hold or have ever held a valid Georgia Teaching Certificate, complete the following:

Certificate # \_\_\_\_\_

TYPE-LEVEL	AREA(S)/CONCENTRATIONS	EXPIRATION DATE
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If you do not hold a valid Georgia Teaching Certificate, have you applied for one? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date of application? \_\_\_\_\_

Do you hold a valid teaching certificate from another state? \_\_\_\_\_ Which state? \_\_\_\_\_

Have you taken & passed the Georgia Teacher Certification Test (TCT) or Praxis II in your certification area(s)?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Enclose a copy of the score report(s) with this application.)

Have you met the Georgia Computer Competency requirement (InTech, AssessOnline, Other)?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Enclose a copy of the documentation with this application.)

**PERSONNEL DEPARTMENT USE ONLY**

Date Received: _____	
Date Interviewed: _____ By: _____	
Date Interviewed: _____ By: _____	

**IV. PROFESSIONAL PREPARATION \***

**EDUCATION**

Name of School	City and State	Graduation Date	Degree	Dates Attended From - To	Major	Minor
High School				X	X	X
College or University						
Graduate Study						
Additional Study						

**STUDENT TEACHING**

From Month Year	To Month Year	School	City Location State	Grade and/or Subjects

Name and address of supervising teacher: \_\_\_\_\_

**V. TEACHING AND/OR EDUCATIONAL ADMINISTRATIVE EXPERIENCE**

School	City, State	Date From - To (Month & Year)	# Yrs	Principal or Superintendent	Grade or Subjects	Reason for Leaving

**VI. WORK EXPERIENCE OTHER THAN TEACHING**

Name of Employer	Address of Employer	Inclusive Dates	Type of Work

**VII. MILITARY EXPERIENCE (Active Duty-Do Not Include Reserve Duty)**

Dates: From To	# Months	Branch of Service

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**VIII. GENERAL INFORMATION**

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- A. What special honors/distinctions did you receive in college? \_\_\_\_\_
- B. What special honors/distinctions have you received in your profession? \_\_\_\_\_
- C. Describe any traveling you have done which would enhance your teaching effectiveness: \_\_\_\_\_  
\_\_\_\_\_
- D. To what professional organizations do you belong? \_\_\_\_\_
- E. Have you ever received an unsatisfactory performance evaluation from an employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_
- F. Have you ever been terminated, non-renewed, asked to resign, or given an opportunity to resign in lieu of non-renewal?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, where: \_\_\_\_\_ Date & Reason: \_\_\_\_\_
- G. Have you ever been investigated by the Professional Standards Commission (PSC) or any other state's educator certification agency?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, attach a letter of explanation.
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**IX. EXTRA CURRICULAR ACTIVITIES**

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List areas you are qualified and willing to accept as additional assignment(s). For example: Drama Director, Athletic Coach (specify sports), Club Sponsor, Flag Corp Sponsor, Cheerleading, etc.

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**X. TECHNOLOGY SKILLS**

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- A. Summarize your technology skills: \_\_\_\_\_  
\_\_\_\_\_
- B. List familiar program applications: \_\_\_\_\_  
\_\_\_\_\_
- C. Describe how you have or will integrate technology with your instruction: \_\_\_\_\_  
\_\_\_\_\_
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**XI. TEACHING READING**

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- A. Describe your preparation to teach students how to read. \_\_\_\_\_  
\_\_\_\_\_
- B. Describe method/approach preferred (i.e., whole language and phonics), and why? \_\_\_\_\_  
\_\_\_\_\_
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**XII. PHILOSOPHY OF EDUCATION**

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In your own handwriting, write a paragraph on a separate page explaining your philosophy of education. Please attach or send your signed statement as part of this application. Please limit yourself to no more than one page.

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**XIII. TRANSCRIPTS**

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\* Transcripts must be provided by the applicant and are considered part of the application. Although 'unofficial' transcripts are acceptable for initial screening, upon employment official transcripts must be provided by the applicant.

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**XIV. REFERENCES**

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**Candidate must provide at least 3 professional references using the forms provided by the system.** If you are an experienced educator, at least one of the references must be from your most recent and immediate supervisor (principal, superintendent, director, etc.). If you have never taught, the references should be from the following: one from your supervising teacher of student teaching, one from your college or university supervisor of student teaching, one from a college or university professor or dean. If for any reason you are unable to fully comply regarding these references, please provide the most appropriate professional references available.

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**XV. 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

If the answer is "Yes" to either D or E 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 similar disposition.

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**XVI. APPLICATION INFORMATION**

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To be considered an applicant, you must complete and submit:

A complete application form, three professional reference forms, your philosophy statement, copies of all college transcripts, and teaching and/or testing certificates. Unofficial transcripts are accepted for application purposes, however, official transcripts are required upon employment.

**Mail all application materials to:**  
**Personnel Department**  
**Cartersville City Schools**  
**P. O. Box 3310**  
**Cartersville, Georgia 30120**

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**XVII. VERIFICATION**

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**PLEASE READ CAREFULLY BEFORE SIGNING:**

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*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.*

*I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Cartersville School Board all information relative to my employment, work habits, professional evaluation, and character and, hereby release the Cartersville School Board from any liability for any claim or damage which may result.*

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

**Date** \_\_\_\_\_

*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."*