APPLICATION FOR EMPLOYMENT

NAME ________________________________

LAST     FIRST     MIDDLE

ADDRESS __________________________________________

STREET    CITY     STATE     ZIP

PRESENT POSITION _____________________________________

FOR A POSITION AS _____________________________________

INDICATE AREA OF SPECIALIZATION

DATE ___________ 20__ __________________________

SIGNATURE OF APPLICANT

E-MAIL ADDRESS: _______________________________________

RETURN APPLICATION TO:

MIDDLE GEORGIA REGIONAL EDUCATIONAL SERVICE AGENCY
80 COHEN WALKER DRIVE
WARNER ROBINS, GA 31088
(478) 988-7170

Middle Georgia RESA does not discriminate on the basis of race, color, national origin, sex or handicap in any educational program, activity, or employment practice.
1. Name In Full_________________________________________________________________________________

2. Present Address_____________________________________________ Phone___________________________

3. Permanent Address _________________________________________ Phone___________________________

4. **EDUCATIONAL AND PROFESSIONAL TRAINING***

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF SCHOOLS OR INSTITUTIONS ATTENDED</th>
<th>MAJOR COURSE OF STUDY</th>
<th>DEGREE, DIPLOMA OR CERTIFICATE EARNED</th>
<th>DATES</th>
<th>TIME SPENT</th>
<th>NUMBER OF CREDITS</th>
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<td>HIGH SCHOOL</td>
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<td>COLLEGE OR UNIVERSITY</td>
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<td>GRADUATE WORK</td>
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<td>ADDITIONAL WORK</td>
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*NOTE – Applicant please see that College or University furnishes official transcripts, showing in detail the work done and credits received.*

5. Give full and accurate data regarding your **TEACHING EXPERIENCE**

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<tr>
<th>NAME OF SCHOOL OR INSTITUTION – LOCATION</th>
<th>GRADES OR H.S. SUBJECTS</th>
<th>DATES</th>
<th>NO. OF FULL YEARS</th>
<th>PARTIAL YEARS IN MONTHS</th>
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6. Military Service

Branch____________________________________  Induction_______________________  Discharge________________________

   Month  Day  Year
   ____________________
   ____________________

7. List educational fraternities, professional organizations to which you belong

________________________________________________________

List any organizational membership and offices held, if desired

________________________________________________________

8. Present salary?_________________________  Least salary a year you would accept?____________________
9. Georgia Certificate No._________________________________ What type? (T-5, T-6, etc.)________________
   List areas in which you are now or will be certified______________________________________________

10. Add by letter any additional information that will give us a more complete estimate of your training, experience,
    character and ability.

11. When could you begin work here?____________________________________________________________

12. A personal interview is required of all applicants. Are you willing to come for an interview?____________

13. Social Security No.___________________________________ Georgia Retirement No.__________________

14. References: - Give at least three references, including especially superintendents and principals under whom you
    have taught, who have first hand knowledge of your character, personality, scholarship and teaching ability:

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<th>NAME</th>
<th>MAILING ADDRESS &amp; TELEPHONE NO.</th>
<th>OFFICIAL POSITION</th>
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15. What are the hobbies or outside activities in which you participate?______________________________

16. Have you taken the National Teacher Examination, Teacher Competency Test, or Praxis in Georgia?____
    ____N
    Date: ______________ In other state ______________ Date: ______________

17. Have you taken the GACE in Georgia?______________ Date: ______________ Test area:______________

18. Other Data – (All questions must be answered.)
    Each of the following questions must be answered with a “yes” or “no”. If any answer is “yes”, please attach an explanation, include final
disposition of any investigations.
    Have you ever failed to have a contract renewed?
    Have you ever resigned in lieu of non renewal or adverse personnel action?
    Have you ever had a teaching credential denied, revoked, or suspended in any state?
    Have you ever been convicted or pled nolo contendere to a felony or misdemeanor, including DUI?
    Have you been charged with a felony or misdemeanor, including DUI, for which charges are currently pending?
    Have you ever been accused of or investigated for allegations of sexual harassment?
    Have you ever been accused and investigated for a crime of physical abuse, child abuse, or child deprivation?
    Have you ever been reported to the Professional Standards Commission (PSC)? If so, what was the result?

19. Reason for leaving your present position________________________________________________________

__________________________________________________________________________________________

I authorize investigation of all statements contained in this application. I understand that misrepresentation or
omission of facts called for is cause for dismissal.

Date_______________________ Signature: ______________________________
1. I understand and agree to a criminal record check as provided by O.C.G.A. § 20-2-211, the policies and rules of the State Board of Education and of this Board of Control. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign the appropriate forms which the law enforcement agency may require me to sign consenting to a criminal record check through the National Crime Information Center and the Georgia Crime Information Center.

2. Criminal Conduct

Have you ever been arrested, pleaded guilty or no contest to or been convicted of any criminal offense other than a minor traffic offense?

_______Yes _________No

If so, please give detailed information below as to each offense, including the specific offense for which you were charged, the disposition of the offense and date, court, state and county where you were charged.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Notice: The furnishing of false or misleading information or the intentional withholding of material facts, including facts concerning one’s criminal record, will constitute grounds for immediate termination of employment.

_______________________________________________________
Applicant’s Signature

_______________________________________________________
Date

Revised 1/5/12