

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

**APPLICATION FOR EMPLOYMENT**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PRESENT POSITION \_\_\_\_\_

Position Applying For \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

E-MAIL ADDRESS: \_\_\_\_\_

RETURN APPLICATION TO:  
MIDDLE GEORGIA REGIONAL EDUCATIONAL SERVICE AGENCY  
Employment Application  
80 COHEN WALKER DRIVE  
WARNER ROBINS, GA 31088  
FAX: (478)988-7178  
Email: djames@mgresa.us

**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. Full legal name \_\_\_\_\_
2. Present Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_
4. EDUCATIONAL AND PROFESSIONAL TRAINING\*

NAME & ADDRESS OF SCHOOLS OR INSTITUTIONS ATTENDED	DEGREE, DIPLOMA OR CERTIFICATE EARNED	DATE
COLLEGE OR UNIVERSITY/Institution		
High School		

**\*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 and leading experience.

### TEACHING/LEADERSHIP/WORK EXPERIENCE

NAME OF SCHOOL OR INSTITUTION – LOCATION	GRADES OR H.S. SUBJECTS	DATES	NO. OF FULL YEARS	PARTIAL YEARS IN MONTHS
			Yrs.	Mos.
			Yrs.	Mos.
			Yrs.	Mos.
			Yrs.	Mos.
			Yrs.	Mos.
			Yrs.	Mos.
			Yrs.	Mos.

6. Military Service Yes or No (Please circle one. If yes, see below.)

Branch \_\_\_\_\_ Induction \_\_\_\_\_ Discharge \_\_\_\_\_  
 \_\_\_\_\_ Month Day Year \_\_\_\_\_ Month Day Year

7. Salary requirement? \_\_\_\_\_
8. Do you want to work full or part time? \_\_\_\_\_

9. Georgia Certificate Number \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR VALID GEORGIA OR OTHER STATE TEACHING CERTIFICATE**

10. **PLEASE ATTACH A CURRENT RESUME OR VITAE** that includes additional information that will give us a more complete estimate of your training, experience, and ability.

11. When are you available to begin work here? \_\_\_\_\_

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

13. 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/or teaching ability:

NAME	MAILING ADDRESS & TELEPHONE NO.	OFFICIAL POSITION

**18. Required Information – (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\_\_\_\_\_

**Please answer the following questions in a one paragraph response:**

20. What unique qualities do you bring to the position for which you are applying?

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21. What do you think makes for an engaging Professional Learning session?

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22. Please tell us about someone who has had a profound impact on your professional career? In what ways has this person influenced your work?

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By my signature below, 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: \_\_\_\_\_

# MIDDLE GEORGIA REGIONAL EDUCATIONAL SERVICE AGENCY

## ADDENDUM TO APPLICATION FOR CERTIFIED EMPLOYEES

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.

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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

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Date