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BOARD OF EDUCATION

WASHINGTON COUNTY
DR. DONNA HINTON, SUPERINTENDENT
501 Industrial Drive - P.O. Box 716
Sandersville, GA 31082
Phone (478)552-3981
Fax(478)552-3128

ASSISTANT SUPERINTENDENT
Melvin Williams

DIR. SPECIAL PROGRAMS
Emily Johnson

Dear Applicant

Thank you for your interest in working for the Washington County Board of Education.

The first steps in completing this application require that you carefully read and complete sections I through VI. Incomplete applications cannot be processed. Please follow the instructions printed on your application. This instruction sheet provides you with additional details about each section.

Section I. Please include the month, day and year of previous and current employment as accurately as possible. If offered employment, this information will assist with determining your placement on the state salary schedule.

Military experience. If you are offered a position with WCBOE, you will be required to submit your DD Form 214 (certificate of release or discharge from military duty). Verification of prior military experience will determine your placement on the state salary schedule.

Section II. Submit official transcripts with this application **or** request that your official transcripts from all colleges and universities attended are sent to WCBOE.

Section III. To check the status of your certification go to <https://mypsc.gapsc.org>. If you are applying for a position but do not currently hold a valid teaching certificate issued by either the Georgia Professional Standards Commission or an out of state teacher licensing agency, please attach a note explaining your certification status.

Section IV. Answer all questions as thoroughly as possible.

Section V. References:

Please be sure to include telephone numbers where your references can be reached.

VI. Autobiography: Must be handwritten.

Read fingerprinting and criminal background consent, sign, and date and then return application to Washington County Board of Education.

After your application has been submitted, you may update your information at any time by contacting the personnel office at (478) 552-3981 x.212 or via e-mail to mwhite@washington.k12.ga.us all applications are kept on file for two years from the date submitted.

Washington County Board of Education is an Equal Opportunity Employer

Inspiring All Children to Excel in Academics, Arts and Athletics



**Washington County Board of Education
Dr. Donna Hinton, Superintendent
501 Industrial Drive
P O Box 716
Sandersville, GA 31082
(478) 552-3981**

Certificated Application for Employment

Please print or type

Position Applied for: _____

Date of Application _____ Telephone Number _____

Applicant's Name _____ SSN or Cert ID _____
(As printed on driver's license)

Address _____
(Street or Box #) City

State Zip code

Have you ever filed an application with us before? ____N ____Y (date) _____

Have you ever been employed with us before? ____N ____Y (date) _____

Are you currently under contract? ____N ____Y

Are you prevented from lawfully becoming employed in this country? ____N ____Y
(Verification of citizenship or immigration status required upon employment.)

On what date would you be available for work? _____

I. EDUCATION EXPERIENCE: Report in chronological order, beginning with most recent position, all full-time teaching and administrative experience including teaching in accredited colleges. Report work as a substitute teacher under "Other Work Experience". Continuous experience in one school should be reported on one line. Use separate sheet if necessary.

SCHOOL NAME	SYSTEM NAME	COMPLETE ADDRESS (INCLUDE ZIP CODE)	DATES FROM / TO	TEACHING/ JOB ASSIGNMENT	SUPERVISOR

MILITARY:

Branch of Service: _____ Dates (From/To) _____ Highest Rank: _____ Type of Discharge: _____

OTHER WORK EXPERIENCE:

EMPLOYER	JOB TITLE	ADDRESS	DATES FROM / TO	SUPERVISOR

**II. PROFESSIONAL PREPARATION:
EDUCATION**

NAME OF SCHOOL	CITY / STATE	DATES FROM / TO	CREDITOR DEGREE	MAJOR SUBJECT	MINOR SUBJECT
High School:					
*Colleges:					
Other Education:					

**Official transcripts required prior to signing a contract.*

STUDENT TEACHING

Will you complete or have you completed student teaching? (Circle) YES or NO If yes:

NAME AND ADDRESS OF SCHOOL	DATES FROM / TO	SUBJECT OR GRADE LEVEL	NAME OF SUPERVISING TEACHER

If student teaching has occurred within the last 3 years, provide mailing address or phone number of supervising teacher:

If you graduated within last 3 years, provide mailing address or phone number of your college supervisor: _____

National Teacher Exam (subject to official verification): State date taken and score: _____

III. CERTIFICATION:

1. Do you presently hold a valid Georgia teaching certificate? (Circle) YES or NO; If yes:

TYPE	FIELD	EXPIRES	CERTIFICATE NO.	RETIREMENT NO.

copies of Georgia certificates are required if you are offered employment with the Washington County School System.

If no, have you applied for a Georgia certificate? (Circle) YES or NO;

Date applied: _____ FIELD: _____

3. Have you previously held a: _____ Probationary and/ or _____ Provisional Georgia certificate? If yes, provide date of expiration. field and system name where employed when certificate(s) was held: _____

4. Do you presently hold or have you ever held a teaching certificate from another state? (circle) YES OR NO; *If yes:

TYPE	FIELD	EXPIRES	CERTIFICATE NO.

5. Have you ~~take~~ taken the Georgia Teacher Certification Test (TCT)/PRAXIS? (C I R C L E) YES O R NO; If yes, area in which you took test:

Passed: YES or NO. If you have taken the TCT/PRAXIS, enclose copy of score report.

6. Have you ever had a Professional Development Plan (PDP) developed for you while employed in a Georgia system? O YES D NO.

If yes. name of system: -----

IV. PERSONAL AND PROFESSIONAL DATA:

1. State reason for leaving your last teaching or administrative position: _____

2. Have you taught sufficient years in any other Georgia public school system so as to acquire "tenure" under the Georgia Fair Dismissal Law? (circle) YES or NO If yes, list the name(s) of the school system(s) and dates of employment :

3. . Are you presently under contract with any other school system? (circle) YES or NO
If yes, name system, location and date contract expires: _____

4. List any special honors or distinctions you received in college or in your career:

5. List professional clubs or organizations of which you are a member:

6. List any special interests or hobbies: _____

7. Circle any of the following which you are qualified and willing to direct or coach:
School Newspaper, Yearbook, Orchestra, Band, Chorus, Debates, Drama, Football, Baseball, Track, Tennis, Golf, Softball, Wrestling, Basketball, Volleyball , Soccer, Clubs, Cheerleading, Other: _____

HAVE YOU EVER: *(Each question must be answered)*

YES	NO	
0	0	Failed to have a contract renewed with a school system?
0	0	Broken a contract with a school system?
0	0	Been dismissed from employment with a school system or asked to resign?
0	0	Had a teaching credential denied, revoked or suspended in any state?
0	0	Pled guilty to or been convicted of any offense relating to the manufacture, distribution, sale or possession of any illegal drugs?
0	0	Pled guilty or no contest to, or been convicted of any other criminal offense other than a minor traffic offense?
0	0	Received an unsatisfactory performance evaluation from an employer?
0	0	Received a dishonorable discharge from the armed services?
0	0	Been placed on disciplinary probation or suspended from a college or university?

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, you must provide a detailed explanation on a separate sheet attached to this application as to each offense including the specific offense for which you were charged, the disposition of the offense, and the date, court, county, and state where you were charged.

V. REFERENCES:

YOUR APPLICATION CANNOT BE GIVEN PROPER CONSIDERATION WITHOUT FULL NAMES, STREET ADDRESSES, CITIES, STATES, ZIP CODES AND TELEPHONE NUMBERS.

Do you have a placement file? (Circle) YES or NO You must request that your placement file be forwarded to this office if you are a beginning teacher:

Persons listed as references should be qualified to answer questions concerning your qualifications for the position you seek. Include principals and supervisors under whom you have taught. (If you are a beginning teacher include cooperating teacher, college supervisor, and/or major professors.) Do not include neighbors, friends, or relatives.

PLEASE INCLUDE REFERENCES EVEN IF YOU HAVE A PLACEMENT FILE. COMPLETE ADDRESSES ARE REQUIRED INCLUDING ZIP CODES. PLEASE PRINT OR TYPE REFERENCES

NAME	PROFESSIONAL ADDRESS OF REFERENCE			
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE

PLEASE TURN PAGE, WRITE YOUR AUTOBIOGRAPHY, AND SIGN APPLICATION.

