

Madison County Board of Education

P.O. Box 37
Danielsville, Georgia 30633

Non-certified Application

Name: _____ Date: _____

Address: _____

Street Address

City, State, Zip Code

Telephone Number: _____ Social Security Number: _____ - _____ - _____

E-mail Address: _____

Position Applied For: Substitute Teacher Date available for work: _____

Personal Information

Military Status: _____

Education

High School Attended: _____ Graduate? _____

High School Address: _____

College/Technical Schools Attended	Address	Dates	Degree

Work Experience

List most recent position first.

Employer	Dates (from -to)	Address	Position	Reason for leaving

References

Name	Address	Telephone

List community organizations of which you are a member:

List all licenses and certificates you hold:

Number of days absent from work last year: _____

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

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Been dismissed from employment with a school system or been asked to resign? |
| <input type="checkbox"/> | <input type="checkbox"/> | Pled guilty to or no contest to, or been convicted of or had charges dismissed for an offense relating to the manufacture, distribution, sale or possession of any illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Pled guilty to or no contest to, or been convicted of or had charges dismissed for any other criminal offense other than a minor traffic offense? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received an unsatisfactory performance evaluation from an employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received a dishonorable discharge from the armed services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.

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.

CONSENT FOR FINGERPRINTING AND CRIMINAL BACKGROUND CHECK

I understand that in the event I am offered a position with this school system, I will be required to be fingerprinted and have a criminal background check in accordance with the Official Code of Georgia annotated 20-2-211 (e) (1).

I further understand that the information obtained from the criminal background check may be used in employment decisions.

I agree and consent for such background check and investigation to be conducted and agree to hold the school system and all officials, representatives, and employees of the foregoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional stress, negligence, and similar claims.

I understand that, if offered employment by the Madison County Board of Education, I am responsible for paying the fee for the background check.

I understand I will be offered only a temporary employment pending the outcome of the criminal record check.

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.

I consent for any former employer of mine to furnish any information from my personnel file or evaluations relative to my performance as an employee, and I waive any right I may have for such information to remain confidential.

By filing application for employment with the Madison County School System, if employed, I agree to abide by all the policies as set forth by the Madison County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Madison County School System contacting my references, previous employers, schools attended, court officials, and law enforcement authorities. I also understand that any misstatement or omission of any information requested shall be reason for non-employment or dismissal from employment.

This application, transcript, references and other data are the property of the Madison County Board of Education and will not be returned to the applicant.

APPLICANT SIGNATURE: _____ **DATE:** _____

It is the policy of the Madison County Board of Education not to discriminate on the basis of race, color, national origin, sex, age, religion, creed, or disability in educational programs and activities, admission to facilities, or employment practices.