



APPLICATION FOR EMPLOYMENT



NORTHSTAR EDUCATIONAL AND THERAPEUTIC SERVICES

- Psychoeducational Classes
- Diagnostics
- Vocational Services

- Preschool Consultation
- Counseling
- Community Education

Dalton
 307 S. Fredrick St.
 Dalton, GA 30721
 706-271-2684
 Fax 706-271-2682

Jasper
 P. O. Box 2107
 Jasper, GA 30143
 706-253-1790
 Fax 706-253-1795

Blue Ridge
 360 Rebel Circle
 Blue Ridge, GA 30560
 706-253-1750
 Fax 706-253-1755

Section I Position

APPLYING FOR (Check all that apply)

Certified Teacher Paraprofessional
 Administrator Clerical
 Support Staff (Psychologist, Counselor, etc.)
 Other _____ (Position)

DATE AVAILABLE FOR EMPLOYMENT: _____

Section II CERTIFICATION (Certified Applicants Only)

Check all that apply to your status.

I have a valid Georgia Certificate (enclose photocopy). This certificate is:

Type _____ Date of Expiration _____
 L-4, L-5, etc.

Field(s) and endorsements listed on Certificate:

I have an expired Georgia Certificate. Field(s): _____

I have a valid Teaching Certificate in another state.
 Field(s): _____

TRANSCRIPTS MAY BE REQUESTED TO HAVE A COMPLETE FILE.

Name _____
 Last _____ First _____ Middle _____
 Social Security # _____
 Maiden (if applicable) _____
 Permanent Address Street _____ City _____ State _____ Zip Code _____ Telephone # day (____) night (____)
 Present Address Street _____ City _____ State _____ Zip Code _____ Telephone # day (____) night (____)

Section VI**Work History**

Account for all years since High School. Include years not employed. Begin with current or last assignment.
DO NOT SUBMIT A RESUME IN LIEU OF COMPLETING THE WORK HISTORY

Teaching Experience

School District / School	Grade / Subject	Supervisor's Name	Phone Number	Years Worked	Dates of Employment From / To	Reason for Leaving

Non-Teaching Experience

Employer	Supervisor's Name	Phone Number	Years Worked	Dates of Employment From / To	Reason for Leaving

Military Experience

Branch of Service	From Month / Year	To Month / Year	Number of Months	Highest Rank	Type of Discharge

List professional recognition, honors received, community activities, and any extracurricular activities for which you have special preparation, experience, or interest:

Section VII**Personal Data**

NAME, ADDRESS, and TELEPHONE NUMBER OF A PERSON WHO WILL ALWAYS KNOW HOW TO CONTACT YOU

 Name Telephone Number

 Street Address City State Zip Code

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there any reason you will not be able to work each day without absences except for routine illness?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever failed to have your contract renewed, or have you ever been asked to resign?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been charged, convicted, or pleaded nolo contendere to a crime other than minor traffic violations?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently under contract with another school system/district?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a teaching certificate or credential denied, revoked, or suspended in any state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever pled guilty to or been convicted of any offense relating to the possession or distribution of illegal drugs? If so, provide a complete explanation including date of plea or conviction, county and state of plea or conviction, and disposition of plea or conviction.

If you answered YES to any question, please attach explanation.

Section VIII Statement

Explain briefly your main qualifications for the applied position.

Section IX Personal Affirmation

I verify that all information that I have provided on this application is true and complete to the best of my knowledge. I am aware that providing false or misleading information or the withholding of facts, including facts of one's criminal record, on this application will be grounds for refusal to hire me, and that if employed, grounds for termination of employment. If employed, I agree to abide by the policies, rules and regulations of the North Georgia RESA, NORTHSTAR EDUCATIONAL AND THERAPEUTIC SERVICES, and State Board of Education.

My signature further authorizes the North Georgia RESA and NORTHSTAR EDUCATIONAL AND THERAPEUTIC SERVICES to investigate my past employment activities, personal references and criminal record (as provided by OCGA 20-2-211), to determine my suitability for the position for which I am applying, and authorizes representatives of the North Georgia RESA and NORTHSTAR EDUCATIONAL AND THERAPEUTIC SERVICES to contact my references, previous employers, schools attended, court officials, law enforcement authorities, and other individuals. I understand that the North Georgia RESA, NORTHSTAR EDUCATIONAL AND THERAPEUTIC SERVICES, and the State Board of Education may investigate other sources or references other than those given in this application. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign appropriate forms giving consent to a criminal record check through the National Crime Information Center and the Georgia Crime Information Center.

I understand that nothing in this employment application, in the statements or policies of the North Georgia RESA and NORTHSTAR EDUCATIONAL AND THERAPEUTIC SERVICES, or in my communications with any System or Board official is intended to create an employment contract. No promises of employment have been made to me.

I understand that upon employment, I will be issued only a temporary contract, pending the outcome of my criminal record check.

DATE _____ SIGNATURE OF APPLICANT _____

If you are not a citizen of the United States of America, you must furnish a copy of your Permanent Residency Permit or other document allowing you to legally work in this country.

This application will be kept in an active file for one year.

Return Application to: NORTHSTAR EDUCATIONAL AND THERAPEUTIC SERVICES
P. O. Box 2107
Jasper, Georgia 30143
706-253-1790

"The DO 556-73 established the rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review or to challenge information on the record. In accordance with the DO, the FBI will release to the subject of an identification record a copy of such record upon submission of a written request, and a processing fee. The remote accessing of III for individual access and review is not allowed. The subject of an identification record may obtain a copy of his/her criminal history record maintained in the III by submitting a written request via the U.S. mail directly to the FBI Criminal Justice Information Services Division, Record Request, 1000 Custer Hollow Road, Clarksburg, WV 26306. Title 5, U.S.C., § 552a, (The Privacy Act) requires agencies to maintain a system of records which establish appropriate administrative, technical, and physical safeguards to ensure the security and confidentiality of records. III/NFF Operations & Technical Manual Ch. 2, Section 2.1."

North Georgia RESA is an equal opportunity employer and does not discriminate in employment on the basis of race color, sex, religion, creed, national origin, age or disability.

EMPLOYEE APPLICATION REFERENCE FORM

Date _____

To _____ Applicant _____

Address _____ Applied _____
 Street _____ Position _____

City _____ State _____ Zip Code _____ Location ____ Dalton ____ Jasper ____ Blue Ridge

Please supply North Georgia RESA and the NORTHSTAR EDUCATIONAL AND THERAPEUTIC SERVICES the following requested information. I consent to the release of all reference information, and release you from all liability arising from your giving this information.

- _____ I waive rights to see this reference information.
 _____ I do not waive rights to see this reference information.

 Applicant's Signature Date

The above applicant has applied for employment with North Georgia RESA at NorthStar and has listed you as a reference. This reference form will be included in the applicant's file for review by school administrators. Your prompt reply is appreciated. If you prefer to speak with the regional director, feel free to call (706) 253-1790.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.

TRAITS -	Not Observed	Top 5% Excellent	Top 20% Good	Middle 50% Average	Lower 20% Fair	Lowest 5% Unacceptable
ALL APPLICANTS						
Job Knowledge						
Initiative						
Dependability						
Attendance						
Tactfulness						
Work with Parents						
Work with Peers						
Verbal Communication						
Written Communication						
Organizational Skills						
Promptness						
Responsiveness to Supervision						
Professional Judgment						
Appearance (Dress / Grooming)						
Participation in School Activities						
TEACHER APPLICANTS						
Daily Lesson Preparation						
Student Discipline						
Teaching Skills						
Technology Application						

Information given on the candidate is based on (check all items which apply):

- _____ a. personal acquaintance _____ d. student in my class
 _____ b. co-worker _____ e. student leader in my class
 _____ c. worked under my supervision _____ f. other _____

Period of time you have observed the applicant: _____ (From) _____ (To)

Applicant's position or job title: _____

Is candidate open-minded and receptive to suggestions? YES ____ NO ____ Explain: _____

Would you hire this candidate to work with or near children? YES ____ NO ____ Explain: _____

Would you want this person teaching your child? YES ____ NO ____ Explain: _____

If candidate applied to you for a job, would you employ or re-employ this person? YES ____ NO ____ Explain: _____

To your knowledge, has candidate ever failed to be recommended or been asked to resign? YES ____ NO ____
Explain: _____

Do you prefer that we call for additional information? ____ If YES, give phone number: _____

General remarks or explanation: _____

Signature _____

Date _____

Position _____

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