

Long County Schools

Dr. Robert Waters, Superintendent P. O. Box 428 Ludowici, Georgia 31316 Telephone: (912) 545-2367 Fax: (912) 545-2380 Board Members Florence Baggs, Chair Julie Dawson, Vice-Chair Dennis DeLoach Linda DeLoach Carolyn Williamson, Ed.D.

The mission of the Long County School System is to ensure a quality education for all students by providing an effective learning environment where students have the opportunity to be challenged and academically successful.

Dear Applicant:

Thank you for your interest in the Long County School System. We are delighted that you are considering our school system. We believe you will find Long County to be a wonderful place to live, work, and educate children.

In order for your application to process in a timely manner, it is essential that you follow these guidelines:

Complete **all of the areas** on the application. The following information must be submitted before your application will be considered complete:

- Official transcripts of course work at all colleges and universities (diploma not sufficient).
- A brief personal resume outlining your educational preparation and previous work experience is recommended but cannot be accepted in lieu of completing any section on this application.
- Copy of current Georgia and/or other teaching certificates or documentation showing eligibility for a Georgia certificate.
- Copy of applicable GACE test results if requested.

Your application will be kept on file for one year. You must provide name, address, and/or telephone number changes **in writing** to our office. Current contact information is extremely important so we can reach you for an interview.

Your application file will be made available to principals; therefore, it is not necessary for you to call or visit schools. Principals will select and contact applicants of their choice. You may call the Long County Board of Education Central Office to check the status of your application file at (912) 545-2367.

If you have any questions regarding the application procedures, please do not hesitate to call.

Sincerely,

Robert L. Waters Superintendent

LONG COUNTY SCHOOL SYSTEM

CERTIFIED STAFF APPLICATION FOR EMPLOYMENT

For Office Use Only:				
Transcripts Application Complete Background Clear Fingerprint Complete BOE Approved: I-9 Complete Clearance Certificate				

DIRECTIONS

Thank you for your interest in the Long County School System. All prospective employees must have an application on file in the Central Office. Applications must be complete before an applicant will be considered for employment.

The following information must be submitted before an application will be considered complete:

- 1. Transcript(s) of course work from all colleges and universities attended.
- 2. Copies of current teaching certificates and Georgia Teacher Certificate Test (TCT), GACE, or Praxis II scores, if requested.

Once activated, applications will remain on file for one year. It is the responsibility of the applicant to notify the Long County Board of Education for the application to remain active for a longer period of time and to update the information in the application file. All communication should be addressed to: Personnel Office, Long County Board of Education, P.O. Box 428, Ludowici, Georgia 31316. You may call (912) 545-2367 if you have questions or to check the status of the application to insure that all requested information has been received.

When position vacancies occur, the position will be advertised and interviews will be scheduled from the applications on file. Applications are accepted on an ongoing basis.

	PERS	ONAL			
Full Name:Last		First		Middle	
Preferred Name:	Social Security Number:				
E-Mail Address:					
Address:Street # or PO Box	or Apt. #	City		State	Zip Code
Phone Number: Home ()	Work ()	Cell ()	
	POSI	TION			
List all positions for which you wish to apply and are	qualified, in or	der of preference.			
Position 1	Position	າ 3			
Position 2	Position	າ 4			
List the grade level(s), subject area(s), or school pref	ference, if app	licable:			
Date Available for Employment:					

THE LONG COUNTY BOARD OF EDUCATION 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.

Do you currently hold an activ	e Georgia Profess	ional Educator C	Certificate?	res No		
If not, have you appl	ied for a certificat	e/Certificate of I	Eligibility?	Yes No		
Date Applied	1:	Field:				
If yes, please provide	the following info	ormation:				
Certificate Type	Field			Effective Date	Expiration Date	
1						
2						
3						
4					-	
The various proposed by hald an have		f state to a ship s		ebo Following informati		
If you presently hold or have or TYPE	FIELD	or state teaching	EXPIRES	.ne rollowing informati CERTIFICATE #	on: STATE	
TIPL	FILLD		LAPIRLS	CERTIFICATE #	SIAIL	
		EDU	ICATION			
List all colleges and universitie	es attended beginn	ning with the mo	ost recent.			
College/University	City	State	Dates Attended	Graduation Date	Degree Earned	Major
				_		-
Official transcripts from each of	college attended r	equired prior to	being recommend	ded for employment.		
Student Teaching Experien	ce					
System/State:		Sc	hool:			
Grade Level: Subject Area:						
Supervising Professor:		Տսր	pervising Teacher	:		
College or University: Quarter/Semeste				Year Completed:		

PROFESSIONAL CERTIFICATION

EDUCATION WORK EXPERIENCE

Report in chronological order, beginning with the most recent position, all teaching and/or administrative experience whether in a public or private school, college or university. Report continuous work experience once. Work as a substitute teacher should be reported under "Other Work Experience." _____ to ____ Total years ___ System _____ School _____ _____ City _____ State ____ Zip __ Phone _____ Supervisor Assianment _____ to ____ Total years ___ System _____ School _____ _____ City ______ State ____ Zip _____ Phone____ Address Assignment Supervisor ____ to ___ Total years ___ System _____ School _____ _____ City _____ State ____ Zip ____ Phone____ Address Assignment Supervisor ____ to ____ Total years ___ System _____ School _____ Address ______ City _____ State ____ Zip ____ Phone____ Supervisor Assignment Please provide a copy of your evaluation for last year including your summative evaluation and supporting documentation. **OTHER WORK EXPERIENCE** List all full-time non-teaching employment and any special training which will contribute to your success as a teacher. (Do not list summer jobs unless they are significant to your application.) Dates(from/to) **Employer** Job Title Address Supervisor Military: _____ Highest rank: _____ Type of discharge:___ Branch: Dates: **PROFESSIONAL REFERENCES** Even if you have a college placement file, please list three references below. These should be professional references. Be sure to include your former principals and supervisors if you are an experienced educator. For beginning educators, include previous work supervisors, college supervisors, student teaching supervisor and/or major professors. Do not include neighbors, friends, or **relatives.** Phone interviews will be conducted with these references. _Position _____ Email ____ Business phone ______Home phone _____ Address Position Email Name Home phone ___ Address Business phone Position Email Name _

Business phone _____ Address _____

PERSONAL DATA	
List special honors earned during college and/or your profession:	
Circle all of the following for which you are interested in directing or coaching: Yearbook, Band, Chorus, Debate, Drama, Clubs, Cheerleading, Football, Baseball, Soccer, Basketball, Softball, Golf, Track, Cross Country, Other:	
Have you taught sufficient years in any other Georgia public school system to acquire tenure under the Georgia Fair Dismissal LawYesNo If yes, give system name and dates:	!?
Are you presently under contract with another system?YesNo If yes, system name and date contract expires:Yes	
Are you a citizen of the United States of America?YesNoIf not, you must furnish a copy of your Permanent Residency Permit or other document allowing you to legally work in this country.	
Have you ever: (If the answer to any of the following is YES, an explanation MUST be attached.) Failed to have a contract renewed? Surrendered a teaching certificate/credential/license/permit, or had one denied, revoked, or suspended in any state or is there any investigation or adverse action now pending against you? Broken a contract with a school system? Been dismissed from employment with a school or been asked to resign? Been placed on disciplinary probation or suspended from a college or university? Received an unsatisfactory annual performance evaluation as a teacher? Resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral or unprofessional conduct, or are you under investigation for any such charge? Yes No Been arrested or convicted of a felony or misdemeanor, including pleading nolo contendore, or are you now under investigation for any such offense, other than a minor traffic offence? (DUI, DWI, BUI, BWI must be reported) *Failure to accurately disclose information will be considered a violation of the Georgia Code of Ethics for Educators.	
PERSONAL STATEMENT	
Write a brief statement summarizing why you are interested in employment with the Long County School System.	
SIGNATURE	
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 non-employment or immediate termination of employment.	
I understand and agree to a criminal background check as provided by Georgia Law, the policies and rules of the State Board of Education and the Long County Board of Education. I agree to be fingerprinted by the appropriate law enforcement officials, and I agree to sign the 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. I understand I may be issued only a temporary contract of employment pending the outcome of a criminal records check.	
I authorize and request any former employer, superintendent of schools or designee, and immediate supervisor to furnish any information and opinions concerning the performance of my duties, including any evaluation of my performance, and the circumstances of my leaving that employment to the superintendent of schools or designee of this school system. I understand are agree that the information and opinions furnished will be confidential. By signing and submitting my application to the Long Counschool System, I grant a release of information and permission for the LCBOE to request evaluation documentation from previous school systems in which I have been employed to include all Teacher Keys Evaluation System (TKES) and Leader Keys Evaluation System (LKES) information.	ty S
By filing an application for employment with the Long County School System, if employed, I agree to abide by all the policies as s forth by the Long County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Long 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 a reason for non-employment or dismissal from employment.	:
The application, transcript, references, and other data are the property of the Long County Board of Education and will not be returned to the applicant.	
APPLICANT'S SIGNATURE DATE	

Georgia Bureau of Investigation Georgia Crime Information Center

Consent Form

I hereby authorize the Long County School System to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

				Full Nan	ne (print)		
				Address			
	Sex	Race	Date of Birth		Social Security Number		
Sign	aature			_			
 Date	e			_			
Sne	cial emn	lovment provis	sions (check if appl	icable):			
	Employ O.C.G	yment (Purpose A § 20-2-211. A. § 35-3-34.2	e code 'E')	icable).			
One	e of the f	ollowing must	be checked:				
	I, District		iodic criminal histo	give con	one) days from date of signature. sent to the Long County School ound checks for the duration of		