



Long County Schools

Mr. David Edwards, Superintendent

P. O. Box 428

Ludowici, Georgia 31316

Telephone: (912) 545-2367

Fax: (912) 545-2380

Board Members

Florence Baggs

Julie Dawson

Dennis DeLoach, Vice-Chair

Linda DeLoach

Carolyn Williamson, Ed.D, Chair

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 complete **all of the areas** on the application. Applications without references will not be reviewed.

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 and supervisors; therefore, it is not necessary for you to call or visit schools. Principals and supervisors will select and contact applicants of their choice. You may call the Long County Board of Education main office to check the completion 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,

J. David Edwards
Superintendent

LONG COUNTY SCHOOL SYSTEM

CLASSIFIED STAFF APPLICATION FOR EMPLOYMENT

For Office Use Only:

Transcripts
 Application Complete
 Background Clear
 Fingerprints Complete
 BOE Approved _____
 I-9 Complete

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. Complete **all of the areas** on the application. Applications without references will not be reviewed.
2. Request an official sealed transcript that verifies your highest education level. The transcript should be mailed directly to the Long County Board of Education. A copy of a diploma is not acceptable.

Once activated, applications will remain on file for one year only. It is the responsibility of the applicant to notify the Long County Board of Education for your application to remain active for a longer period of time. Address all communications 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 your application to insure that all requested information has been received.

When position vacancies occur, applicants will be selected and scheduled for an interview from among the applications on file. Applications are accepted on an ongoing basis.

PERSONAL

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 (____) _____

Are you a citizen of the United States of America? YES NO If not, you must furnish a copy of your Permanent Residency Permit or other document allowing you to legally work in this country.

PLEASE CHECK POSITION FOR WHICH YOU WISH TO APPLY: Bus Driver Clerical
 Custodian Food Service
 Maintenance Other: _____
 Substitute Teacher
 Paraprofessional

***If the answer to any of the questions below is yes, you must attach a written explanation. The information below will be validated by the applicant's background check/finger print results. If information is listed on your background check, a written explanation MUST be attached. Applicants who fail to disclose information below will not be considered for employment and may apply again in one calendar year from the current application date.**

Have you ever: (each question must be answered)

- 1) Been dismissed from employment or asked to resign? YES NO
- 2) Been arrested, charged with, pled guilty to pled no contest to, or been convicted of a felony or misdemeanor, other than a simple traffic violation or have an arrest pending court disposition? (DUI/BUI must be reported.) YES NO
- 3) Received an unsatisfactory performance evaluation from an employer? YES NO
- 4) Received a dishonorable discharge from the armed services? YES NO
- 5) Had a driver's license suspended or revoked? YES NO

EDUCATION AND PROFESSIONAL TRAINING

School/State _____

Diploma/Degree _____

Year _____

Major _____

High School _____

College _____

Other (i.e., GED) _____

Please attach a copy of the document verifying your highest level of education and check the one attended:

Teaching Certificate (valid or expired)

College Transcript

High School Transcript

Other Postsecondary Institute Transcript

GED Verification

PLEASE COMPLETE THE SECTIONS BELOW THAT ARE APPLICABLE FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING.

SECRETARIAL/CLERICAL

Place an X beside each area in which you have skills and/or experience:

Secretary

Receptionist

Business Procedures

Accounting

Technology

Data Entry

List the software/applications with which you are most knowledgeable: _____

List any other secretarial/ clerical skills: _____

PARAPROFESSIONAL OR SUBSTITUTE TEACHER

In what capacity have you worked with children? _____

SCHOOLS CHOSEN FOR SUBSTITUTING:

Substitute teachers may select specific schools in which they prefer to substitute. Please indicate the school(s) at which you are willing to substitute:

SES

WES

LCMS

LCHS

SCHOOL FOOD SERVICE

Are you willing and able to perform tasks involving moderate lifting, carrying, pushing, pulling and mopping?

YES

NO

Work hours may vary in the Food Service Program. Please identify your preference(s).

Full Time

Part Time

If a permanent position is not available at this time, may we place your name on our substitute list? YES NO

(Placement on the substitute list or work performed does not guarantee a permanent position.)

BUS DRIVER/MAINTENANCE

Do you possess or have you ever possessed a valid driver's license from any state for driving a bus? ___ YES ___ NO
Do you possess or have you ever possessed a commercial driver's license? ___ YES ___ NO
Have you ever pled guilty or no contest to driving under the influence of drugs or alcohol? ___ YES ___ NO
Have you ever pled guilty or no contest to reckless driving? ___ YES ___ NO
Would you be willing to work on a substitute basis? ___ YES ___ NO

WORK EXPERIENCE

Beginning with the most recent; list your last three places of employment. All information requested must be given.

Dates (from-to)	Company	City	Phone #	Position	Reason for Leaving
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PROFESSIONAL REFERENCES

Please list three current supervisors. If you have no work experience, you should include former teachers or principals and individuals with whom you have done volunteer work. DO NOT LIST FRIENDS, RELATIVES, OR NEIGHBORS.

The addresses and phone numbers must be current.

Name	ADDRESS	Phone #/Occupation/Company
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I certify that the information on this application is true and accurate. I authorize the full investigation of information given in this application and grant permission to the representatives of the Long County School System to contact my references, previous employers, schools attended, and, if applicable, to request information from the Department of Public Safety concerning my being a driver in good standing and qualified to operate a vehicle. I authorize the Long County School System to contact court officials and law enforcement authorities concerning any offense committed by me that is required to be reported to the Department of Public Safety under the Uniform Commercial Drivers License Act, and acknowledge that any failure on my part to report may result in my immediate dismissal. I understand that misinformation, misrepresentation or omission of any information requested shall be reason for non-employment or termination of employment. I understand and agree to abide by the policies and regulations of the Long County School System. If employed, I understand the application, transcripts, and other data are the property of the Long County School System and will not be returned to me.

Signature of Applicant

Date

Your application will not be processed without your signature.

**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 Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment (Purpose code 'E')
- O.C.G.A § 20-2-211.1
- O.C.G.A. § 35-3-34.2 (1)

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the Long County School District to perform periodic criminal history background checks for the duration of my employment with this company.