

WAYNE COUNTY BOARD OF EDUCATION

710 West Pine Street Jesup, Georgia 31545
Telephone (912) 427-1000 Fax (912) 427-1004
www.wayne.k12.ga.us

Wayne County School System Certified Personnel Application

Name: _____
Last First Middle DOB (mm/dd/yyyy)

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Social Security #: _____ GaPSC Certificate Number: _____

If you are not a citizen of the United States of America, you must furnish a copy of your documentation allowing you to legally work in the U.S.A.

Are you presently under a teaching contract? Yes _____ No _____

System: _____ Date contract expires: _____

Position for which you are applying: _____

CERTIFICATION:

1. Do you presently hold a valid clearance certificate verifying that you have successfully completed fingerprint and criminal record check requirements? Yes _____ No _____

2. Do you presently hold a valid Georgia Educator Certificate(s)? Yes _____ No _____

Type(s): _____ Validity Period: _____

If not, have you applied for a certificate? Yes _____ No _____

Date applied: _____

3. Have you taken the GACE (Georgia Assessment for the Certification of Educators), the TCT, or Praxis **in the content field** of the position for which you are applying? Yes _____ No _____

4. If you presently hold an out-of-state teacher's certificate, give the following information:

State: _____ Type _____ Certificate Number: _____

5. Have you ever previously held a probationary or provisional Georgia Certificate? Yes _____ No _____

Attach explanation.

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6. Have you ever had a teaching certificate or credential denied, revoked, suspended, or voluntarily surrendered in any state? Yes _____ No _____ **Attach explanation.**

EDUCATIONAL BACKGROUND

Name of Institution & Location (include college & all graduate work completed or number of graduate hours toward advanced degree):

**Name of Institution	Location	Degree Awarded & Year Completed – if currently enrolled in graduate degree program, include number of hours completed toward advanced degree

****Official Transcripts Required on Candidate's GaPSC Account**

Is the institution from which you graduated accredited? Yes _____ No _____

By what state or regional accrediting agencies? _____

Approximate undergraduate Grade Point Average (GPA): _____ Approximate graduate GPA: _____

List special honors won in college and/or your profession: _____

STUDENT TEACHING

<u>Name/Location of School</u>	<u>Dates</u>	<u>Grades/Subject</u>	<u>Supervising Teacher/Principal</u>

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TEACHING EXPERIENCE

Report in chronological order all teaching experience. Report continuous experience in one system on one line.

School	County	From Month/Year	To Month/Year	Total Years	Grades/Subject(s) Taught

Total Years of Teaching Experience: _____

OTHER EMPLOYMENT

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 relevant to your application.)

Position	Firm/Agency/Business	Address	Dates From/To

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PERSONAL INFORMATION

Please provide a copy of your most recent evaluation, including your annual summary evaluation, any classroom observations, memos of improvement or reprimand, and other evaluation documents.

- 1. Have you taught sufficient years in any other Georgia public school system to acquire tenure under the Georgia Fair Dismissal Act? Yes _____ No _____

If yes, give system name and dates: _____

- 2. Have you ever failed to have a contract renewed? Yes _____ No _____ **Attach explanation.**
- 3. Have you ever received a less than honorable discharge from any branch of the armed services? Yes _____ No _____ (If yes, provide a copy of form DD214)
- 4. While under investigation, have you ever left an employment position (retired, resigned, been dismissed, terminated, non-renewed, or otherwise)? Yes _____ No _____ **Attach explanation.**
- 5. Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child? Yes _____ No _____ **Attach explanation.**
- 6. Are you the subject of a pending investigation involving a criminal act?
Yes _____ No _____ **Attach explanation.**

REFERENCES

Please list three references below whom the district may contact. These should be persons qualified to give information concerning your qualifications for the position you seek. **Be sure to include your former principals and supervisors, if you are an experienced teacher. For beginning teachers, include college supervisors, student teacher supervisor and/or major professors. Do not include neighbors, friends or relatives.**

Name	Position	Address	Cell/Home Telephone	Business Telephone

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PERSONAL STATEMENT

Write a short statement summarizing why you are interested in teaching in this 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 immediate termination.

Georgia law requires school systems to ensure that all personnel have been fingerprinted and had a criminal background check performed prior to employment. Please give detailed information on a separate sheet attached to this application as to each criminal record offense, other than a minor traffic 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 so that the school system will have relevant information if the offense is revealed through the criminal record background check to which you are asked to consent below.

I understand and agree to a criminal record check as provided by Georgia law, the rules of the Professional Standards Commission and of this Board of Education. I agree to be fingerprinted by the appropriate law enforcement officials, and I further 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.

NOTE: ARRESTS THAT DID NOT RESULT IN GUILTY PLEAS OR CONVICTIONS MAY APPEAR ON THE CRIMINAL RECORD CHECK.

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.

By filing application for employment with this school district, if employed, I agree to abide by all policies as set forth by the Wayne County Board of Education. I authorize full investigation of the information given in this application and consent for school district representatives to contact 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 Board of Education and will not be returned to the applicant.

APPLICANT’S SIGNATURE: _____ DATE _____

The Wayne County Board of Education is an equal opportunity employer and does not discriminate in employment on the basis of race, color, national origin, sex, religion, age or disability.