

Gatewood Schools

Employment Application for NON-Teaching
Mail completed application to:
Gatewood Schools, Inc.
Office of the Head of School
139 Phillips Drive
Eatonton, Georgia 31024

Date:				
Name:		Phone	:	
Email address:	Cell Phone:			
Address				
(Number and Street)		(City)	(State)	(Zip)
Date of Birth:	_Place of Birth:			
Marital Status: Nun	nber of Children ((If applicable):	Ages:	
Applying for (Position):				
	PLAC	EMENT INFOR	<u>RMATION</u>	
In what specific area of empl	loyment are you i	nterested?		
	☑ Information	n Management	₩ Guidance	Counselor
M Director of Admissions	Accounting	g/Bookkeeping	M Director of	f Athletics
■ Business Manager	☑ Director of	Food Services	M Administra	ative Assistant
₩ Clerical	₩ Receptionis	st	₩ Facilities/0	Grounds
	Transportat	tion	M Other	
What was your COLLEGE N What was your COLLEGE N			•	

Please include Background Check Documentation if you have previously had a background check done for the Georgia State Department of Education.

PLEASE NOTE: Records are retained in our files for three years unless requested by applicant



RECORD OF EDUCATION / TRAINING

	Name of Institution	Dates (From / To)	Year Graduated	Degree	GPA
High School:					
College/University					
College/University					
College/University					
Other					

Please include a copy of undergraduate and graduate grade transcripts.

COMPUTER EXPERIENCE

Please list below your experience and proficiency (Beginner, Intermediate, Advanced) with computers and software programs. List all software (programs or operating systems) and/or hardware (equipment) that you have experience with and with which you possess a working knowledge.

Software	Beginner	Intermediate	Advanced
	W	X	X
	×	M	M
	X	X	M
	X	X	M
	×	M	M
	X	×	W
Hardware	Beginner	Intermediate	Advanced
Hardware	Beginner	Intermediate	Advanced
Hardware			
Hardware	×	X	M
Hardware	W W	W W	M
Hardware	₩ W	M M	W W

Comments:			



WORK EXPERIENCE

Beginning with the most recent, please list all work experience for which you have been compensated.

Organization	City/State/Zip	110111 – 10	Type of work	Reason for Leaving
Are you willing to assist in sponsor				
If yes, in what special areas are you	interested and feel co	mpetent? (Lis	t in order of prefe	rence)
In a paragraph, please state what y	you feel are your greate	est strengths.		
If you have school age children, do Yes No Not Sure If you marked "No" or "Not sure,"				
School age children's names:		Entering	g grade level:	



PERSONAL HISTORY

Are you a U.S. Citizen? W Yes W No

Do you have any physical condition or handicap that may limit your ability to perform the job for which you are applying? W Yes No				
If so, please explain:				
Have you ever been arrested for or convicted of a felony, or a misdemeanor, which resulted in Yes No If so, please explain:				
Have you ever been arrested for or convicted of child abuse of any kind? W Yes W No Please check the appropriate answer:				
Have you ever been suspended, dismissed, fired, or discharged from a position of employment?	Yes W No			
Have you ever been asked to resign from a position of employment?	Yes W No			
Have you ever been arrested for or convicted of any violation of the law other than a minor traffic ticket?	Yes W No			
Do you have any charges pending against you?	Yes W No			
If you answered yes to any of the above, please explain:				



ANY INTENTIONAL FALSIFICATION OF ANY PORTION OF THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

I verify that all of the above information is true and correct. I understand that any intentional falsification of any portion of this application will be grounds for immediate dismissal.

Applicant's signature	Date	
hereby commit myself to stand		Y, realizing the necessity of standing together, I d and make every effort to support loyally the sm.
Should the time come when I c resign.	an not in good conscience follow	the above commitment, I agree to
Signed:		
Date:	<u></u>	



References

Please list <u>four</u> professional references and send a copy of the enclosed evaluation form to each. In addition, please list <u>three</u> character references on the following page.

Note: Evaluation Forms are **not** sent to character references.

A. Professional References		
1(Name)		
(Name)	(Occupation)	(Capacity in which he/she knew you)
Address		
Email:		
Home Telephone	Business Telephone	
2.		
2. (Name)	(Occupation)	(Capacity in which he/she knew you)
Address		
Email:		
Home Telephone	Business Telephone	
3.		
(Name)	(Occupation)	(Capacity in which he/she knew you)
Address		
Email:		
Home Telephone	Business Telephone	
4.		
4. (Name)	(Occupation)	(Capacity in which he/she knew you)
Address		
Email:		
Home Telephone	Rusiness Telephone	



B. Character References

1		
(Name)	(Occupation)	(Capacity in which he/she knew you)
Address		
Email:		
Home Telephone		
2		
(Name)	(Occupation)	(Capacity in which he/she knew you)
Address		
Email:		
Home Telephone	Business Telephone _	
3		
(Name)	(Occupation)	(Capacity in which he/she knew you)
Address		
Email:		
Home Telephone		

Please be sure to include the following documents with your application packet:

Current Resume

Completed Application

Transcripts: Undergraduate and Graduate

References: List four Professional and three Character.

Evaluation Forms: Sent directly by your Professional references.

Background Check Documentation if you have previously had a background check done for Georgia State

Department of Education.



Professional Evaluation Form (References are kept confidential) Please return directly to: Gatewool Schools Office of the Head of School 139 Phillips Drive Eatonton, Georgia 31024

Annelinant		_ is applyii	ng for a posi	tion in our scho	ool system.	
Applicant Please rate this applicant based on the Thank you in advance for your assistan		w by placii	ng a checkr	mark under the	e appropriate	column.
	Exceptional	Good	Average	Needs Improvement	Unsatisfactory	Not Know
Willingness to work hard	W	W	K	W	X	K
Professional competency	X	X	X	X	×	X
Rapport with fellow staff	X	X	K	X	X	W
Maturity of judgment	W	X	K	K	X	X
Leadership ability	K	X	K	K	X	W
Creativity	X	X	K	X	X	W
Loyalty	X	X	K	K	X	W
Personal appearance	X	X	X	X	×	X
Tact	X	X	[X]	X	X	W
Length of acquaintanceship: (Years) If a former employee; why did applicant le						
Would you employ or reemploy? 👿 Yes	M No CC	MMENTS	S:			
Name (Please print):Signed Felephone (Day):			e ephone (Nig	ht):	Date	