



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: _____ Number of Children (If applicable): _____ Ages: _____

Applying for (Position): _____

PLACEMENT INFORMATION

In what specific area of employment are you interested?

<input type="checkbox"/> Director of Development	<input type="checkbox"/> Information Management	<input type="checkbox"/> Guidance Counselor
<input type="checkbox"/> Director of Admissions	<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Director of Athletics
<input type="checkbox"/> Business Manager	<input type="checkbox"/> Custodial	<input type="checkbox"/> Administrative Assistant
Bus Driver	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Substitute Teacher

What was your COLLEGE MAJOR? _____

What was your COLLEGE MINOR? _____



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

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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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware	Beginner	Intermediate	Advanced
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

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WORK EXPERIENCE

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

Organization	City/State/Zip	From – To	Type of Work	Reason for Leaving

Are you willing to assist in sponsoring/coaching extra-curricular activities? Yes No

If yes, in what special areas are you interested and feel competent? (List in order of preference)

In a paragraph, please state what you feel are your greatest strengths.

If you have school age children, do you intend for them to attend BCS?

Yes No Not Sure

If you marked “No” or “Not sure,” please explain: _____

School age children’s names:

Entering grade level:

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PERSONAL HISTORY

Are you a U.S. Citizen? Yes No

Do you have any physical condition or handicap that may limit your ability to perform the job for which you are applying? Yes No

If so, please explain: _____

Have you ever been arrested for or convicted of a felony, or a misdemeanor, which resulted in imprisonment?

Yes No If so, please explain: _____

Have you ever been arrested for or convicted of child abuse of any kind? Yes No

Please check the appropriate answer:

Have you ever been suspended, dismissed, fired, or discharged from a position of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been asked to resign from a position of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for or convicted of any violation of the law other than a minor traffic ticket?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any charges pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above, please explain: _____

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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** _____

AS A MEMBER OF THE GATEWOOD SCHOOLS FACULTY, realizing the necessity of standing together, I hereby commit myself to stand behind the decisions of the Board and make every effort to support loyally the School and its staff and defend it against undue or invalid criticism.

Should the time come when I can not in good conscience follow the above commitment, I agree to resign.

Signed: _____

Date: _____

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References

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

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

A. Professional References

1. _____
(Name) (Occupation) (Capacity in which he/she knew you)

Address _____

Email: _____

Home Telephone _____ Business 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 _____ Business Telephone _____

4. _____
(Name) (Occupation) (Capacity in which he/she knew you)

Address _____

Email: _____

Home Telephone _____ Business Telephone _____

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B. Character References

1. _____
(Name) (Occupation) (Capacity in which he/she knew you)
Address _____
Email: _____
Home Telephone _____ Business 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 _____ Business 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.

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Professional Evaluation Form

(References are kept confidential)

Please return directly to:

Gatewood Schools

Office of the Head of School

139 Phillips Drive

Eatonton, Georgia 31024

_____ is applying for a position in our school system.
Applicant

Please rate this applicant based on the criteria below by placing a checkmark under the appropriate column.
 Thank you in advance for your assistance.

	Exceptional	Good	Average	Needs Improvement	Unsatisfactory	Not Know
Willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with fellow staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of acquaintanceship: (Years)_____(Months)_____. Dates of service: From _____ to _____.
 If a former employee; why did applicant leave your employment? _____

Would you employ or reemploy? Yes No COMMENTS: _____

Name (Please print): _____

Signed _____ Title _____ Date _____

Telephone (Day): _____ Telephone (Night): _____

Email: _____