

Application For Teaching or Administrative Position

Mail completed application to: Gatewood Schools 139 Phillips Drive Eatonton, Georgia 31024

Date:				
Name:	Phone:			
Email address:	Cell Phone:			
Address:				
(Number and Street)	(City)	(State)	(Zip)	
Applying for (Position):				
Subject(s):				
Mark all that apply:□Early Childhood □] Elementary □ I	Middle School	☐Senior High	
What was your COLLEGE MAJOR?				_
What was your COLLEGE MINOR?				_
Do you hold a teaching certificate?	∕es □No Type	/Class		
Valid in what state:				_
Granted (date):	Expires	s:		
Please include a copy of your curre issued prior to 2004 (or you do not poss "suitability" letter from the Georgia State background check.	ess a teaching ce	rtificate), pleas	se include a rece	ent copy of your
If you do not presently hold a teaching c		ourse or course	-	List:
	_			
When do you expect to complete these	requirements for d	certification? _		

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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					

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Please include a copy of undergraduate and graduate grade transcripts.

TEACHING EXPERIENCE

<u>Beginning with your most recent position</u>, list all teaching or instructional experience for which you have been compensated.

School	City/State/Zip	From – To	Subject(s) / Grades

ADMINISTRATIVE AND/OR OTHER EXPERIENCE

<u>Beginning with the most recent</u>, please list all NON-INSTRUCTIONAL work experience for which you have been compensated.

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

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Are you willing to assist in spo If yes, in what special areas are	you interested and feel		der of preference)
If you have been teaching or ser present position?	ving as an administrator	, why do you desire a c	hange from your
In a paragraph, please describe	your greatest strengths a	s a teacher or administr	ator.
If you have school age children. ☐ Yes ☐ No ☐ Not sure If you marked "No" or Not sure	•		
School age children's names:	Entering grade level:	Children's names:	Entering grade level:

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PERSONAL HISTORY

Are you a U.S. citizen? Li Yes Li No			
Do you have any physical condition or handicap that may limit your ability to perform for which you are applying? \square Yes \square No	n the job		
If so, please explain:			
Have you ever been convicted of a felony, or a misdemeanor, which resulted in imprison of the solution of the	sonment?		
Have you ever been 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 postition of employment?	☐ Yes ☐ No		
Have you ever had a teaching certificate suspended or revoked?	☐ Yes ☐ No		
Have you ever been asked to resign from a position of employment?	☐ Yes ☐ No		
Have you ever been arrested for or convicted of any violation of the law other than a minor traffic ticket?	☐ Yes ☐ No		
Do you have any charges pending against you?	☐ Yes ☐ 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
gether, I hereby commit myself to stand	O SCHOOLS FACULTY, realizing the necessity of standing to- behind the decisions of the Board and make every effort to sup- defend it against undue or invalid criticism.
Should the time come when I can not in resign.	good conscience follow the above commitment, I agree to
Signed:	
Date:	



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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) (Occupation) (Capacity in which he/she knew you) Address _____ Email: _____ Home Telephone Business Telephone _____ (Occupation) (Capacity in which he/she knew you) Address Email: _____ Home Telephone Business Telephone (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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--References Continued--

B. Character References

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

Document Checklist

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

Current Resume

Completed Application

Current Georgia Teaching Certificate

Background check from Georgia State Dept. of Education If you have **not** previously had a background check done, please download the Background Check document on the website.

Transcripts: Undergraduate and Graduate

References: List four Professional and three Character.