

Mrs. Melissa Williams
Superintendent

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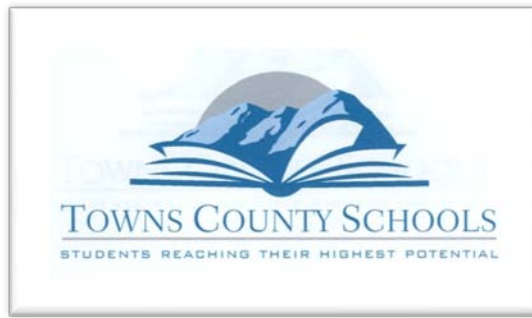
Aundrea Wilson, Ed.S.
Curriculum Director

Larry Shook, Ed.S.
Technology Director

Michelle Pyrlik, Ed.S.
Special Education
Director

Mitzie Holloway, Ed.S.
Vocational Director

Myra Underwood
Finance Director



MEMO TO: All Certified Applicants

FROM: Aundrea Wilson

RE: Application Instructions

Thank you for your interest in a position with our system. It is our goal to recruit and retain quality individuals who are committed to our students and system. Please review the following directions prior to completing and submitting your application.

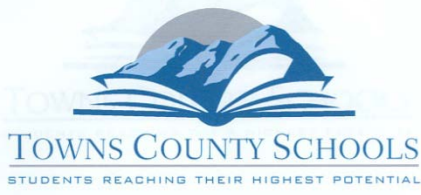
1. PRINT or type all information on the application.
2. Submit the following items with your application or have them sent as soon as possible:
 - Copies of transcripts may be submitted with the initial application. Official transcripts may be required prior to signing a contract for employment.
 - Copies of valid certificates.
 - Copies of the Georgia PRAXIS Teacher Assessment test results or other applicable certification tests.
3. Sign and date the applicant signature page.
4. Complete a consent form for criminal background check.

When a vacancy is anticipated or occurs, all completed applications in the given subject area are reviewed carefully. Those applicants whose credentials (references, transcripts, responses, etc.) are best suited for the vacancy are notified for an interview. An applicant may check with personnel department concerning the status or his/her application. **Please do not contact principals for an interview.**

Return your fully completed and signed application by mail or fax to the address below.

Thank you, again, for your time and interest in Towns County Schools.

67 Lakeview Circle, Suite C
Hiawassee, GA 30546
Phone: (706) 896-2279
FAX: (706) 896-2632
www.towns.k12.ga.us



For Office Use Only: Revised 02/27/2012

Date Received _____

Consent _____ Interview _____

Fingerprints _____

Certification _____

RETURN TO:

67 Lakeview Circle, Suite C
Hiawassee, GA 30546

Phone 706-896-2279 FAX 706-896-2632
www.towns.k12.ga.us

APPLICATION FOR CERTIFIED POSITION IN _____ FIELD(S) Date: _____

DATE AVAILABLE FOR EMPLOYMENT: _____

IF YOU HAVE EVER RETIRED FROM ONE OF THE FOLLOWING SYSTEMS, PLEASE CIRCLE THE SYSTEM: TRS, ERS, OR PSERS.

PERSONAL DATA:

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Phone Number _____ DOB _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____

EDUCATION/CERTIFICATION DATA: (Georgia Certification Website: <http://www.gapsc.com>)

University/College administering degree: Undergraduate _____ Graduate _____

Do you presently hold a valid teaching certificate? Yes _____ No _____ Applied _____ State _____ Field _____ Level _____

Have you passed the appropriate Georgia certification test?

TCT: Yes _____ No _____ Field(s) Taken _____

Praxis I: Yes _____ No _____ Exempt _____ Awaiting Results _____

Praxis II: Yes _____ No _____ Awaiting Results _____ Field(s) Taken _____

GACE: Yes _____ No _____ Awaiting Results _____ Field(s) Taken _____

Have you ever been dismissed from employment with a school system, asked to resign, or resigned in lieu of dismissal?

Yes _____ No _____

Have you ever received an unsatisfactory annual evaluation? Yes _____ No _____ (If yes, attach copy)

Have you ever had a teaching certificate or credential denied, revoked, or suspended? Yes _____ No _____ (If yes, attach explanation)

EXPERIENCE IN EDUCATION: List in chronological order all creditable certified experiences. (Use back for additional space)

School System	(Public/Private)	City/State	Grade(s) or Subject(s) Taught	From Mo./Yr.	To Mo./Yr.	Total Years
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
						Total Years _____

REFERENCES:

Please list three references below. These should be persons qualified to give information to show your fitness 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 teaching supervisor, and/or major professors. Do not include neighbors, friends, or relatives.

(√) Name	Position	Company	Address	City/State	Telephone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



APPLICANT SIGNATURE STATEMENT

I certify that all information is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of any information requested shall be reason for non-employment or dismissal from employment. By signing this application, I am authorizing the release of any and all information needed to properly evaluate my candidacy for employment. I understand that by Georgia law I must be fingerprinted and have a criminal records check. If employed, I agree to abide by all the policies set forth by the Towns County Board of Education.

The application and all supporting materials are the property of the Towns County Board of Education and will not be returned to the applicant.

Applicant Signature

Date

**Applications and resumes may be subject to the Open Records Law*

The Towns County Board of Education is an Equal Opportunity Employer and does not discriminate in employment on the basis of race, color, sex, religion, creed, national origin, age or disability.

Towns County Schools
Employee Reference Checklist for Certified Staff

Referee's Name: _____ Phone Number: _____

_____ has completed an application with the Towns County Board of Education and has listed you as a reference. Could you please assist us in completing the application by providing us with information based on your knowledge of the applicant's background? This information will be kept confidential by and will become the property of Towns County Schools and will not be returned to the applicant.

_____ has applied for the position of _____

Would you employ or re-employ this applicant? _____ Yes _____ No

To your knowledge, has the applicant failed to be recommended for re-hire in your system?
 _____ Yes _____ No

How long have you known this applicant? _____

In what capacity have you known the applicant? _____

TEACHER APPLICANTS ONLY	Not Observed	Poor	Fair	Average	Good	Superior
Teaching Skills: Planning, Instruction, Organization, Motivation, Evaluation						
Classroom Management and Discipline						
Student-Teacher Relations: Respect, Understanding, Cooperation						
ALL APPLICANTS INCLUDING TEACHERS	Not Observed	Poor	Fair	Average	Good	Superior
Competency in Major Fields						
Communication Skills: Language Usage, Verbal/Written						
Appropriate Role Model: Influence in School and Community						
Professional Maturity/Judgment						
Employee Relations: Respect, Understanding, Cooperation						
Cooperation with School Officials and Staff						
Initiative						
Promptness, Neatness, Accuracy with Records, Reports, and Lesson Plans						
Punctuality/Attendance						
Personal Qualities: Voice, Poise, Friendliness, Enthusiasm, Adaptability						
Personal Appearance: Dress, Grooming, Impression						
Willingness to Accept Additional Responsibility						

Thank you for your assistance.

Verified By: _____

Date: _____