

Dr. Darren Berrong
Superintendent

Board Members

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Donna Hedden
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Director

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School Nutrition
Director/Testing
Coordinator

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Technology Director

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Special Education
Director

Melissa McConnell,
Ed.S.
CTAE Director

Myra Underwood
Finance Director

**Towns County Board of
Education**

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

MEMO TO: All Certified Applicants

FROM: Stephanie Moss

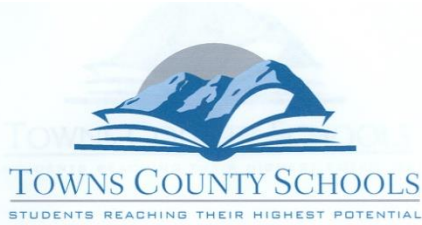
RE: Application Instructions

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. When a vacancy occurs all completed applications in the given subject areas are reviewed carefully. Those applicants whose credentials are best suited for the vacancy are notified for an interview. Candidates will be contacted prior to an interview. **Please do not contact principals requesting an interview.** If you have questions concerning the status of your application please contact the personnel department at the Towns County Board of Education.

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 Teacher Assessment (GACE) test results or other applicable certification tests.
3. Sign and date the applicant signature page.
4. Return the fully completed and signed application by mail or fax to the Towns County Board of Education to the attention of Stephanie Moss.

Thank you for your interest in Towns County Schools.



For Office Use Only: Revised 02/05/2015

Date Received _____

Consent	
Interview	
Certification	
Fingerprints	

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 if needed)

School System	Public/Private	City/State	Grade(s) or Subject(s) Taught	From Month/Year	To Month/Year	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 educator. For beginning teachers, include college supervisors, student teaching supervisors, and/or major professors. Do not include neighbors, friends, or relatives.

Name	Position	Company	Address	City/State	Telephone

I understand that I will be required to sign a consent form for a criminal background check.

Signature of Applicant: _____ Date: _____

Towns County Schools
Employee Reference Checklist for Certified Staff

Referee's Name: _____ Phone Number: _____

_____ completed an application with the Towns County Board of Education and listed you as a reference. 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. The reference form will not be returned to the applicant.

_____ 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.

Signature of person completing reference form: _____

Signature of Towns County Personnel Department member who verified

reference: _____ Date: _____

