

Mrs. Melissa Williams
Superintendent

BOARD MEMBERS

Michael Anderson
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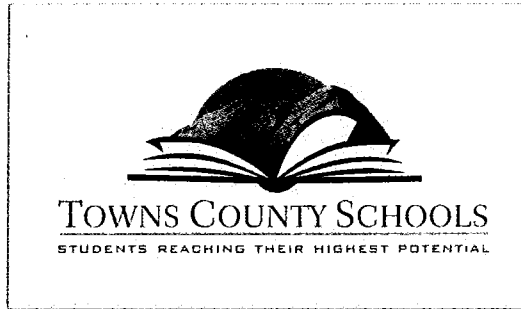
Aundrea Wilson, Ed.S.
Curriculum Director

Larry Shook, Ed.S.
Technology Director

Michelle Pylik, Ed.S.
Special Education
Director

Melissa McConnell, Ed.S.
Vocational Director

Myra Underwood
Finance Director



MEMO TO: All Classified 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.

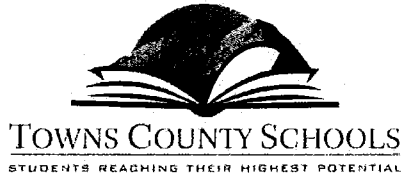
1. PRINT or type all information on the application.
2. If applicable, submit the following items with your application or have them sent as soon as possible:
 - Copies of high school, technical school, or college transcripts.
 - Copies of any valid certifications.
 - Copies of the GACE Paraprofessional Assessment.
3. Sign and date the applicant statement page.
4. Complete a consent form for criminal background check.

When a vacancy is anticipated or occurs, all completed applications in the given 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 of 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 _____

Position _____

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

DATE: _____ DATE AVAILABLE FOR EMPLOYMENT: _____

POSITION DESIRED, CIRCLE ALL THAT APPLY: BUS DRIVER, CLERICAL, CUSTODIAN, MAINTENANCE, PARAPROFESSIONAL, SCHOOL NUTRITION, SUBSTITUTE CUSTODIAN, SUBSTITUTE MAINTENANCE, SUBSTITUTE NURSE, SUBSTITUTE TEACHER, SUBSTITUTE SCHOOL NUTRITION, , AND SUBSTITUTE BUS DRIVER.

IF A SUBSTITUTE TEACHING POSITION IS DESIRED, PLEASE SPECIFY SCHOOL/SCHOOLS IN WHICH YOU WOULD BE WILLING TO ASSIST:

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 DATA:

Highest Level of Education Completed: _____

Courses Taken Relating To This Position: _____

Name & Location of School	Dates Attended	Graduation Date

EMPLOYMENT RECORD: (Start with your present or most recent position)

Employer Name & Address	Dates Employed	Work Performed

BACKGROUND INFORMATION:

Have you ever: (Please answer each question)

YES NO

- resigned or been discharged from any position while under suspicion of having engaged in criminal or immoral conduct?
- or are you under investigation for any such charge?
- been arrested, charged or convicted of a felony or misdemeanor, including pleading nolo contendere, or are you now under investigation of any offense, other than a minor traffic offense?

If any answer is "yes", attach an explanation.

REFERENCES:

Please list three references below. These should be persons qualified to give information to show your fitness for the position you seek. 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, national origin, religion, creed, age, or disability.

**Towns County Schools
Employee Reference Checklist for Classified Staff**

Referee's Name: _____ Phone: _____

_____ 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 ever resigned to avoid being terminated, or been discharged from employment? _____ Yes _____ No

How long have you known this applicant? _____

In what capacity have you known the applicant? _____

	Not Observed	Poor	Fair	Average	Good	Superior
Demonstrates commitment and a professional attitude						
Fulfills responsibilities in a dependable manner						
Relationship with other employees						
Relationship with supervisors						
Attendance/Punctuality						
Plans/Prepares work effectively						
Ability to follow directions (written or oral)						
Communicates effectively (language usage, clarity, etc.)						
Utilizes a variety of skills						
Shows good judgment and willingness to assist						
Relates well with school age children						
Handles situations tactfully (common sense)						
Emotional stability						
Appearance: dress/grooming						

Thank you for your assistance.

Verified By: _____

Date: _____



TOWNS COUNTY SCHOOLS

STUDENTS REACHING THEIR HIGHEST POTENTIAL

67 Lakeview Cr., Ste. C.
Hiawassee, GA 30546
(706) 896-2279
FAX (706) 896-2632
www.towns.k12.ga.us

CONSENT FORM

I hereby authorize Towns County Schools to receive any criminal history record information pertaining to me, which may be in the file of any state or local criminal justice agency within the United States.

Full Name (Please Print)

Address

Sex

Race

Eye Color

Date of Birth

State of Birth

Social Security Number

Signature

Date

Notary

My Commission Expires: _____

Revised Nov. 4, 2008