

TEACHER APPLICATION

PULASKI COUNTY SCHOOLS
72 WARREN STREET
HAWKINSVILLE, GEORGIA 31036

PHONE: (478) 783-7200
FAX: (478) 783-7204

NAME: _____
 LAST **FIRST** **MIDDLE**

PRESENT ADDRESS: _____
 STREET **TELEPHONE**

_____ **CITY** **STATE** **ZIP CODE**

PERMANENT ADDRESS: _____
 STREET **TELEPHONE**

_____ **CITY** **STATE** **ZIP CODE**

SOCIAL SECURITY NUMBER: _____ **EMAIL:** _____

POSITION DESIRED

ELEMENTARY (PreK-5): _____

MIDDLE GRADES (4-8): _____

CERTIFICATION: _____

SECONDARY (6-12): _____

CERTIFICATION: _____

SPECIAL EDUCATION: _____

CERTIFICATION: _____

OTHER: _____

Do Not Write Below the Double Line.

Date Received: _____

Employment Date: _____

Date Completed: _____

Interview Date: _____

The Pulaski County Board of Education is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, national origin, or handicap/disability in its employment practices.
Revised 1/2019

EDUCATION

School and Location (College or University)	Dates Attended		Degree Obtained or Hours Earned (Specify Quarter or Semester)
	From	To	

STUDENT TEACHING

Name and Location of School	Dates	Time Spent	Credit Earned	Subject or Level	Supervising Teacher

EXPERIENCE

Report all teaching and administrative experience in chronological order. Indicate continuous experience in one system on one line. A minimum of 120 days under contract is necessary for credit for a year's service. Do not report substitute teaching. Up to three (3) years credit may be given for military service.

School	System	From		To		Total Years	Grade/Subject
		Month	Year	Month	Year		

(Active Duty Only)		Dates of Service	Highest Rank	Type of Discharge
Military Service	Branch			

EXPERIENCE OTHER THAN SCHOOL AND MILITARY SERVICE

Employer	Location	Type of Work	Inclusive Dates

PERSONAL AND PROFESSIONAL INFORMATION

If you have a Georgia teaching certificate, please provide the information below and attach a photo copy.

Type	Expiration Date	Field(s)

If you do not have a Georgia teaching certificate, but will apply for one, please provide the information below.

Type	Eligibility Date	Field(s)

List honors received in college or in the profession: _____

List any extracurricular or athletic activities with which you have experience or special training: _____

Are you presently under contract with any school system? Yes _____ No _____

If YES, Name of System: _____

All of the following questions must be answered "Yes" or "No".

(Please exclude events prior to your sixteenth birthday)

	YES	NO
1. Did you graduate from a regionally accredited college?	___	___
2. Did you complete an approved education degree program?	___	___
3. Have you ever failed to have a contract renewed with any school or school system?	___	___
4. Have you ever been discharged from any position for unprofessional conduct?	___	___
5. Have you ever had a teaching credential denied, revoked or suspended in any state?	___	___
6. Have you ever been convicted of any crime, entered a plea of guilty, nolo contendere, or suffered First Offender Adjudication or any similar criminal or quasi-criminal determination or adjudications, other than minor traffic violations?	___	___
7. Have you ever been charged with any crime or been named in an indictment, accusation, or special presentment for any offense, other than a minor traffic violation?	___	___

If the answer to any question 3-7 is "yes", an explanation must be attached. Please be advised that any criminal charges beyond age 17 are a part of your criminal history record.

A copy of the undergraduate transcript is a required part of this application process.

It may be included with the submitted application or sent under separate cover to the Pulaski County Board of Education, ATTN: Personnel, 72 Warren Street, Hawkinsville, Georgia, 31036.

In your own handwriting, please explain what you can offer the Pulaski County School System.

REFERENCES

These should be persons qualified to give information regarding your fitness for the position for which you have applied. We suggest your college supervisor of student teaching, supervising teacher or work supervisors under whom you have performed. A college placement file which contains references is a suitable alternative for beginning teachers. It is the applicant's responsibility to forward the system reference forms to chosen references to be returned to the Pulaski County School System.

This application is not complete until all references are received.

Name	Official Position	Mailing Address	Phone

APPLICANT SIGNATURE STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts on this application may be cause for refusal to hire me or for termination from the system's employment. I authorize the Pulaski County School System to make such investigations and inquiries as may be necessary in arriving at an employment decision. I relieve from all liability those employers, schools or persons responding to inquiries in connection with my application. In the event of employment, I agree that I will abide by all policies and regulations of the Pulaski County Board of Education.

Signature Date

PLEASE REVIEW YOUR APPLICATION! ALL SECTIONS MUST BE COMPLETED!

NOTE: The application and all supporting documents shall become the property of the Pulaski County Board of Education and will not be returned to the applicant.

Pulaski County Schools

72 Warren Street
HAWKINSVILLE, GEORGIA 31036

Phone 478-783-7200
FAX 478-783-7204

AL POLLARD, Ed.D.
Superintendent

DEBRA PUCKETT, Ed.S.
Assistant Superintendent

DAVID DANIELL, Ed.S.
Director of Operations

KEITH GREEN, Ed. D.
Programs Coordinator

BOARD OF EDUCATION
DREW DAVIS, Chairman
KEITH RICHARDSON, Vice-Chairman
GREG BROWN
HUGH R. COLEMAN
CHRIS BURCH
SEAN BERRY
PAULA RAWLS

PULASKI COUNTY SCHOOLS SYSTEM PROFILE

The Pulaski County School System is located in historic Hawkinsville, a bedroom community of the Macon-Warner Robins Metropolitan Area. In a community of about 9,500, Hawkinsville is located on the banks of the Ocmulgee River. The city features many historically significant buildings, homes, and churches. The Old Opera House, listed on the National Register of Historic Places, is a popular location for community plays, music and dance recitals, and other social and cultural events. Harness horse training has been carried on in Hawkinsville since the 1920's. The famous Hawkinsville Harness Festival is an annual community celebration held in April.

Recreational activities like boating, fishing, hunting, golf, and swimming are greatly enjoyed. The Hawkinsville-Pulaski County Recreation Department provides baseball, basketball, football, cheerleading, soccer, and many other activities for people of all ages. Hawkinsville is also home to Southern Hills, an eighteen-hole golf course located on Hwy. 247.

Numerous educational opportunities are available. The community is located only 10 miles from Middle Georgia State University in Cochran, 33 miles from Fort Valley State University in Fort Valley, and 50 miles from Georgia Southwestern State University in Americus.

The Pulaski County School System has a proud tradition of academic excellence and outstanding extracurricular programs. The school system has a current enrollment of approximately 1,300 students and consists of Pulaski County Elementary School, Pulaski County Middle School and Hawkinsville High School. All three of these schools are accredited by the Southern Association of Colleges and Schools (SACS) and the Georgia Accrediting Commission (GAC). The school system also has a Pre-K program for 4-year olds and an Alternative Learning Center.

Employee benefits include a cafeteria plan which allows pre-tax deductions, direct deposit of payroll, credit union membership, payroll deduction of insurance, professional dues, etc.

"Learning for a Lifetime"

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TO: Applicants

FROM: Dr. Al Pollard, Superintendent

SUBJECT: COMPLETED APPLICATION

All applications for employment will be considered complete only after the following items have been received by the personnel office:

1. Completed application form.
2. Consent form signed and notarized.
3. Four (4) references (system form required).
4. College transcript (s).*
5. Current Teaching Certificate (if applicable).*

*Note: Copies of official documents will be accepted with the initial application. Official documents will be required prior to application for certification.

REFERENCES

References are required in order to give adequate consideration to your application for employment by the Pulaski County School System. These references should be persons qualified to give information to show your fitness for the position you seek. Please include supervising teachers, principals, or superintendents under whom you have served. A college placement file which contains references is a suitable alternative for beginning teachers.

These reference sources should be listed on your application form. It is your responsibility to send the enclosed forms to the persons you are requesting to aid you in securing employment. We would like to have at least four references on each applicant. A stamped, self-addressed envelope should be sent with each request form so that it may promptly be returned to this office. Have references mailed to the following address or faxed to (478) 783-7204:

Pulaski County Schools
ATTN: Personnel
72 Warren Street
Hawkinsville, Georgia 31036

APPLICATIONS

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Before giving the reference forms to the persons from whom you are requesting the recommendations, please thoroughly complete the top portion of each form giving the full name of the reference, the date, the area of employment you are seeking, and your full name.

As positions become available, principals will review the application file. Candidates for employment will be contacted and a personal interview arranged.

CERTIFICATION

Certification is YOUR responsibility. The personnel staff will assist you in any way, but it is up to you to make certain that everything is in order regarding your certification.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations, Section 16.34.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor (O.C.G.A. 35-3-34(b) and 35-3-35(b)).

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime prevention and Privacy Compact Council. The agency may provide you with a copy of your criminal history record for review and possible challenge.

If you decide to challenge the accuracy or completeness of your criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, 5 U.S.C. §552(a)(note) you are hereby notified this application requests your social security number. The disclosure of your social security number is mandatory for the following purposes:

- 1) Performing a criminal background check pursuant to O.C.G.A. §35-3-30 et. seq.
- 2) If hired, for purposes of tax collection pursuant to 42 U.S.C. §405

The disclosure of your social security number is optional, not mandatory for the following purposes:

- 1) Verification of your identity;
- 2) Verification of your employment eligibility;
- 3) To assist the Federal and State Equal Employment Opportunities record keeping, reporting and other legal requirements;
- 4) To verify your previous work experience;
- 5) To verify your identity on your recommendation form.

NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby authorize the **PULASKI COUNTY BOARD OF EDUCATION** to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

FULL NAME (print): _____

ADDRESS: _____

Sex: _____ Race: _____ Date of Birth: _____ Social Security Number: _____

_____ This authorization is valid for 365 days from the date of signature.

_____ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

_____ My commission expires: _____

Notary Public

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used:

- _____ E - Employment
- _____ J - Civilian Criminal Justice Employment (State & III Info Received)
- _____ M - Working with Mentally Disabled
- _____ N - Working with Elderly
- _____ P - Public Records
- X W - Working with Children
- _____ Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (Check all that apply)

- _____ No Criminal Record Available
- _____ Criminal Record (Attached/Released)
- _____ No NCIC/GCIC Warrant
- _____ Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Date

COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS FORM! (Rev. 2/18)

PULASKI COUNTY SCHOOLS

**ATTN: Personnel
72 Warren Street
Hawkinsville, Georgia 31036**

TO: _____

DATE: _____

HAVE APPLIED FOR EMPLOYMENT WITH THE PULASKI COUNTY SCHOOL SYSTEM FOR THE POSITION OF _____ YOUR EVALUATION OF MY QUALIFICATIONS WILL BE A SERVICE TO ME AND TO THE SCHOOL SYSTEM. I APPRECIATE YOUR ASSISTANCE.

FULL NAME OF APPLICANT: _____

PROMPT RETURN OF THIS EVALUATION TO THE ABOVE ADDRESS IS REQUESTED. THE INFORMATION IS CONFIDENTIAL AND WILL BE USED IN A PROFESSIONAL MANNER. YOUR COOPERATION IS APPRECIATED.

Please check in the appropriate column the factors for which you have adequate information for appraisal.

PERSONAL

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	I HAVE NO KNOWLEDGE OF
Appearance						
Character						
'Common Sense'						
Attitude						
Personality						
Physical Health						
Self Control						
Tact						
Promptness						

PROFESSIONAL

Classroom Control						
Cooperation						
Enthusiasm for Teaching						
Knowledge of Subject						
Loyalty						
Reliability						
Skill in Instructing						
Adaptability to New Ideas						
GENERAL EVALUATION						

In what relationship have you known the applicant? _____ Former Student _____ Former Employee

_____ Other (specify) _____

Would you employ applicant in such a position? _____ Yes _____ Possibly _____ No

If former employee, why did applicant leave? _____

Supplementary Comments: _____

Your phone number: _____

Signature: _____

Date: _____

Official Position: _____

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