

Application for Employment

CSRA RESA
4683 Augusta Highway, S.E.
Dearing, GA 30808
(706) 556-6225 Phone (706) 556-8891 Fax
www.csraresa.net

Position(s) applying for: _____ Date: _____

Location: CSRA RESA ☐ River Quest GNETS ☐

Are you seeking full-time employment? Yes ☐ No ☐

PERSONAL DATA

Name (last, first, middle)

Address

City

State

Zip

Home Phone

Other Phone

Referred by

CERTIFICATION

1. Do you presently hold a valid Georgia teaching certificate? Yes ☐ No ☐
(If you have a certificate, you must enclose a photocopy.)

If yes:

Type	Field	Expires	Certificate #	Retirement #

2. If no, have you applied for a Georgia certificate? Yes ☐ No ☐

If yes: Date applied: _____ Field: _____

3. Have you previously held a Georgia certificate? Yes ☐ No ☐

If yes, provide date of expiration, field and system name where employed when certificate(s) was held: _____

4. Do you presently hold or have you ever held a teaching certificate from another state? Yes ☐ No ☐

Type	Field	Expires	Certificate #	Retirement #

EDUCATION RECORD

(Attach additional sheet if needed.)

High School Attended

Address

Dates attended

High School Diploma or GED

College/University or Technical School

Address

Dates attended

Degree(s) Earned

College/University or Technical School

Address

Dates attended

Degree(s) Earned

College/University or Technical School

Address

Dates attended

Degree(s) Earned

College/University or Technical School

Address

Dates attended

Degree(s) Earned

MILITARY SERVICE

Branch of service

Dates of service

Duties/special training

EMPLOYMENT HISTORY

(Attach additional sheet if needed.)

1. Current Employer

Dates of employment

Address

City

State

Zip code

Phone

Supervisor's Name

Title/duties

Reason for Leaving

2. Previous Employer

Dates of employment

Address

City

State

Zip code

Phone

Supervisor's Name

Title/duties

Reason for Leaving

3. Previous Employer

Dates of employment

Address

City

State

Zip code

Phone

Supervisor's Name

Title/duties

Reason for leaving

PERSONAL DATA

1. Are you a U.S. citizen? Yes ☐ No ☐

If no, are you an alien authorized to work in the U.S.? Yes ☐ No ☐

Are you at least 18 years of age? Yes ☐ No ☐

2. What in your background particularly qualifies you to do the job? _____

3. Are you presently under contract with any other school system? Yes ☐ No ☐

If yes, identify system, location, and date contract expires: _____

4. List any special honors, distinctions, special qualities, interests, hobbies, and/or professional memberships which support this application: _____

5. Have you ever: (each question must be answered)

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Failed to have a contract renewed with a school system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Broken a contract with a school system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been dismissed from employment with a school system or been asked to resign? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a teaching credential denied, revoked, or suspended in any state? |
| <input type="checkbox"/> | <input type="checkbox"/> | Pled guilty or been convicted of a felony or misdemeanor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received an unsatisfactory performance evaluation from an employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received a dishonorable discharge from the armed services? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been placed on disciplinary probation or suspended from a college or university? |
| <input type="checkbox"/> | <input type="checkbox"/> | If the answer to any of the above questions is YES, please attach an explanation. |

REFERENCES

List three professional references that are familiar with the quality of your work, have worked directly with you, and have known you for at least two years.

1. Reference

Work phone

Home phone

Address

City

State

Zip code

Relationship

2. Reference

Work phone

Home phone

Address

City

State

Zip code

Relationship

3. Reference

Work phone

Home phone

Address

City

State

Zip code

Relationship

COMPLETE APPLICATION MUST INCLUDE

Letter of Application

Transcript of Academic Records

Three Letters of Recommendation

BACKGROUND INVESTIGATION

I understand that in the event I am offered a position with an educational agency, I will be required to be fingerprinted and have a criminal background check in accordance with the Official Code of Georgia Annotated 20-2-211 (e) (1).

I further understand that the information obtained from the criminal background check may be used in employment decisions.

I agree and consent for such background check and investigation to be conducted and agree to hold the educational agency and all officials, representatives, and employees of the foregoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence and similar claims.

Have you ever been convicted of any crime, entered a plea of guilty, nolo contendere, suffered first offender adjudication, any similar criminal, quasi-criminal determination, or adjudications, other than minor traffic violation?

Yes _____ No _____

If the answer is yes, state the name and address of the court, date of the alleged offense, a description of the charges, an explanation of the final action taken, including, fines, probation, imprisonment, first offender adjudication, or similar disposition.

Have you ever been charged with any crime or been named in an indictment, accusation presentment or any offense of any offense other than a minor traffic violation?

Yes _____ No _____

Applicant's signature _____ Date _____

THE CSRA REGIONAL EDUCATIONAL SERVICE AGENCY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELGION, AGE, SEX, NATIONAL ORIGIN OR DISABILITY.