

Dougherty County School System

Professional Employment Application

Personnel Department
 P. O. Box 1470
 200 Pine Ave.
 Albany, GA 31702-1470



(229) 431-1261
 Fax (229) 431-1263
 www.dougherty.k12.ga.us

GENERAL INFORMATION

1. In order for us to consider your application for employment, we must have all information requested.
2. This application is required for all certified and administrative positions.
3. You must enclose transcripts from all colleges attended with this application.
4. You must enclose a copy of your most recent annual evaluation if you are an experienced teacher.
5. You must sign the application on the last page (Section VIII).
6. Georgia Law requires fingerprinting of newly-employed certified personnel.
7. Complete all applicable sections of this application, print, sign and mail or deliver to the address indicated above.

Social Security Number _____ Date _____

Name: _____
 Last First Middle Maiden

Present Address _____ (____) _____
 Street City State Zip Phone

Permanent Address _____ (____) _____
 Street City State Zip Phone

Work Phone: (____) _____ Date Available for Employment: _____

Are you legally authorized to work in the State of Georgia and/or the United States of America? Yes No

If no, indicate work status: _____

SECTION I

In column 1 below, indicate the position(s) for which you are applying in order of preference. In the second column, indicate the subject(s), grade level(s), or department preferred.

Position(s) Desired (Ex.: Teacher, Principal, Guidance)	Office Use Only	Level(s)	Subject(s)	Dept.	Office Use Only
1.					
2.					
3.					
4.					

List extracurricular position(s) for which you wish to apply in order of preference.

1.		3.			
2.		4.			

It is the policy of the Dougherty County Board of Education not to discriminate on the basis of age, sex, race, color, religion, national origin or other legally protected status in its educational programs, activities or employment practices.

Maiden Name

Middle

First Name

Last Name

SECTION II – EMPLOYMENT RECORD

LIST ALL PREVIOUS EXPERIENCE, BEGINNING WITH THE MOST RECENT. Include current educational and non-educational work experience. A resume **cannot** substitute for this information

Dates	Grade/Subject or Position	Name and Address of Employer (include zip codes)	Reason for Leaving

Total years teaching experience: _____ (must complete 120 contract days in a regionally accredited institution to be given credit for one year experience)

MILITARY SERVICE:

Branch of Service: _____ Dates From/To: _____ Highest Rank: _____ Type of Discharge: _____

SECTION III – EDUCATIONAL/PROFESSIONAL PREPARATION (List every college attended)

Name of Institution	Dates From/To	Degree Earned	Major	Minor

Undergraduate GPA: _____

SECTION IV – STUDENT TEACHING

Will you complete or have you completed student teaching? Yes No

If you have completed student teaching within the last five years, please provide the following information:

- _____

Name of school where you performed student teaching dates from until Name of college supervisor

Address of school where you performed student teaching subject grade level Name of cooperating teacher

School Phone (_____) _____ Home Phone (_____) _____
- _____

Name of school where you performed student teaching dates from until Name of college supervisor

Address of school where you performed student teaching subject grade level Name of cooperating teacher

School Phone (_____) _____ Home Phone (_____) _____

SECTION V – PROFESSIONAL EXPERIENCE

In the space below, describe professional experiences that you feel have significantly contributed to your preparation for the position you seek.

SECTION VI – PROFESSIONAL INFORMATION

Are you currently under contract with another school district? Yes No

If yes, name of district: _____

HAVE YOU EVER:

YES NO

Failed to have a contract renewed with a school system?

Been dismissed from employment with a school system?

Been asked to resign?

Had a teaching credential denied, revoked or suspended in any state?

Received an annual unsatisfactory performance evaluation from an employer?

Been placed on disciplinary probation or been suspended from any position?

If the answer to any of the above questions is YES, you must attach a typed explanation on a separate page.

SECTION VII – PERSONAL INFORMATION

Have you ever been **convicted** by federal, state or other law enforcement authorities or **pleaded nolo contendere** for violation of **any** federal law, state law, county or municipal law, regulation or ordinance? **YOU MUST INCLUDE ANY OFFENSE FOR WHICH A FINE OF \$100 OR MORE WAS IMPOSED. DO NOT INCLUDE ANY OFFENSE THAT OCCURRED BEFORE YOUR EIGHTEENTH BIRTHDAY.**

Yes No

If YES, complete:

Type of Offense	Date	Name of law enforcement authority	Disposition (outcome)

SECTION VIII – CERTIFICATION INFORMATION

Please enclose copies of all certificates held.

Yes No

Do you presently hold a valid Georgia teaching certificate? If Yes,
Subject(s)/Grade(s) _____ Expiration Year _____

Have you held a Georgia certificate that is now expired?

Have you passed the Georgia Teacher Certification test? Date _____ Field _____

Have you held a probationary (PAT) or Provisional (BT) Georgia Certificate?

Do you hold a valid certificate from another state? If Yes,
State _____ Expiration Year _____ Field _____

SECTION IX – REFERENCES

You **must** list the most recent principal or supervisor under whom you have worked beginning with your most recent experience. Beginning teachers must include cooperating teacher, college supervisor, and/or major professors. **Do not include neighbors, friends, or relatives.**

TWO COPIES OF THE CONFIDENTIAL REFERENCE FORM ARE INCLUDED BELOW. PLEASE PRINT ANY ADDITIONAL COPIES NEEDED AND INDICATE BELOW TO WHOM YOU ARE SENDING REFERENCE FORMS. COMPLETE ADDRESSES, INCLUDING ZIP CODES, ARE REQUIRED. COMPLETED REFERENCE FORMS SHOULD BE RETURNED DIRECTLY TO THE DOUGHERTY COUNTY SCHOOL SYSTEM PERSONNEL OFFICE.

1. _____ () _____ ()
Name Title Work Phone Home Phone

Street City State Zip

2. _____ () _____ ()
Name Title Work Phone Home Phone

Street City State Zip

3. _____ () _____ ()
Name Title Work Phone Home Phone

Street City State Zip

4. _____ () _____ ()
Name Title Work Phone Home Phone

Street City State Zip

SECTION X – APPLICANT’S AUTHORIZATION STATEMENT

READ AND SIGN THE FOLLOWING STATEMENT AFTER COMPLETING THE APPLICATION.

I understand that the application, transcript, references and other data are the property of the Dougherty County School System and cannot be returned. By filing application for employment with the Dougherty County School System, I agree, if employed, to abide by all the policies as set forth by the Dougherty County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Dougherty County School System contacting my references, previous employers, schools attended, court officials and law enforcement authorities and other individuals. I understand that the Dougherty County School System may investigate sources or references other than those given in this application. I acknowledge that all references will be confidential information. I understand that nothing in this employment application, in the statements or policies of the Dougherty County School System or the Dougherty County Board of Education, or in my communications with any System or Board Official is intended to create an employment contract. No promises of employment have been made to me. **I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.**

Applicant’s Signature: _____ Date: _____

Dougherty County School System

Verification of Professional Employment

Personnel Department
Dr. Carolyn D. Hand, Director
P. O. Box 1470
200 Pine Ave.
Albany, GA 31702-1470



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ALL INFORMATION ON THIS PAGE IS TO BE PROVIDED BY THE EMPLOYEE

Organization Providing Verification of Experience

Superintendent or CEO: _____

School System or Institution: _____

Street Address: _____

City, State, Zip: _____

The individual whose name appears below has been employed by the Dougherty County School System. In order to establish correct Georgia certification and salary placement, it is necessary to verify previous professional employment. On the following page please provide verification of professional employment in your school system or institution and in addition, the employment in any other school system or institution prior to service in your organization. Your assistance in establishing a correct service record for this employee will be appreciated.

Data Needed by Organization Providing Verification of Employment

First Name Middle Name Maiden Name Last Name

Full Name When Last Employed With Organization

Social Security Number Date(s) of Leave of Absence Period(s)

Position(s) Name of School(s) and/or Department(s)

Authorization is granted to release all information requested in this Verification of Employment to the Dougherty County School System.

Signature

Date

Dougherty County School System

Applicant Recommendation Form

Personnel Department
 Dr. Carolyn D. Hand, Director
 P. O. Box 1470
 200 Pine Ave.
 Albany, GA 31702-1470



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APPLICANT PLEASE COMPLETE THIS SECTION

 Name of Applicant (please type or print) _____
 Social Security Number

To: _____
 Name of Reference (please type or print) _____
 Title/Position

 Street City State Zip

I have submitted an application for employment to the Dougherty County School System in Albany, Georgia. I would like for you to complete this recommendation form for me and mail it to the address below at your earliest convenience. Thank you.

Personnel Department
 Dougherty County School System
 P. O. Box 1470
 Albany, GA 31702-1470

Position Applied For: _____

REFERENT PLEASE COMPLETE THE SECTION BELOW AND MAIL TO THE ADDRESS ABOVE

Skills & Traits	Excellent	Good	Average	Below Average	Unknown
Initiative					
Cooperation					
Attendance/ Punctuality					
Quality of Work					
Adaptability					
Judgment					
Organizational Skills					
Personality					
Reliability					
Communicative Skills					
Supervisory Skills					
Emotional Control					
Student Relations					

Dates of Employment: From _____ To _____

Comments: _____

Would you employ applicant if you had a vacancy in your system or school? Yes No

 Signature of Reference

 Date

 Position/Title

 Telephone Number

Dougherty County School System

Applicant Recommendation Form

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APPLICANT PLEASE COMPLETE THIS SECTION

Name of Applicant (please type or print) _____		Social Security Number _____	
To: _____		Title/Position _____	
Name of Reference (please type or print)			
Street _____	City _____	State _____	Zip _____
<p>I have submitted an application for employment to the Dougherty County School System in Albany, Georgia. I would like for you to complete this recommendation form for me and mail it to the address below at your earliest convenience. Thank you.</p> <p>Personnel Department Dougherty County School System P. O. Box 1470 Albany, GA 31702-1470</p> <p>Position Applied For: _____</p>			

REFERENT PLEASE COMPLETE THE SECTION BELOW AND MAIL TO THE ADDRESS ABOVE

Skills & Traits	Excellent	Good	Average	Below Average	Unknown
Initiative					
Cooperation					
Attendance/ Punctuality					
Quality of Work					
Adaptability					
Judgment					
Organizational Skills					
Personality					
Reliability					
Communicative Skills					
Supervisory Skills					
Emotional Control					
Student Relations					

Dates of Employment: From _____ To _____

Comments: _____

Would you employ applicant if you had a vacancy in your system or school? Yes No

 Signature of Reference

 Date

 Position/Title

 Telephone Number

Dougherty County School System

Application for Employment

Criminal History Review

Personnel Department
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Please read the following information before completing the Criminal History Review Consent Form.

Any potential employee who has a record of criminal activity that is provided to the Dougherty County Board of Education under the provisions of Georgia Law will be contacted for a conference concerning the reported criminal activity. In the conference, specific behavior associated with the reported activity will be discussed. Acceptable or unacceptable behavior for potential employees of the Dougherty County Board of Education shall be determined by the sole judgment of the Superintendent or his/her designee.

Consideration for employment will be given based on the nature of the offense(s), recency of the offense(s), the frequency of offense(s), and age of the offender at the time of the offense(s). Final employment decisions will be made in consideration of safety of students, security of students, the well-being of students, and the level of potential liability exposure of the Dougherty County Board of Education.

GUIDELINES FOR CRIMINAL HISTORY REVIEWS

I. General Categories of Crimes

A. Misdemeanor Offenses

Conviction of any misdemeanor offense will be reviewed before a decision regarding employment is made.

B. Felony Offenses

Conviction of any felony offense will result in disqualification for employment.

II Specific Categories of Crimes

A. Bad Checks

Convictions of writing bad checks or any other act of commitment forgery will be reviewed before a decision regarding employment is made.

B. Driving Under the Influence (DUI)

- 1 One DUI will disqualify an individual from employment if the job duties require the individual to drive a school system vehicle (i.e., school bus, maintenance vehicle, driver training auto, etc.)
- 2 A record with more than one DUI will be reviewed before a decision regarding employment is made for an individual whose job duties do not require the individual to drive a school system vehicle. Consideration will be given to frequency and recency of convictions.

C. Illegal Drugs

Conviction of any offenses relating to illegal drugs will result in disqualification of employment.

D. Theft (includes shoplifting)

Conviction of any offense involving theft will be reviewed before a decision regarding employment is made.

E. Traffic Citations

Conviction of any traffic offense in which the penalty was in excess of \$35.00 will be reviewed before a decision regarding employment is made.

F. Violence

Conviction of any offense for assault, battery, or other crime of violence will be reviewed before a decision regarding employment is made.

III Falsification of Government Records

Providing incomplete or inaccurate information on personnel records or any government record may result in disqualification for employment.

IV Employment Disqualification Test for Questionable Offenses

Final employment decisions will be based on the level of liability exposure. Liability exposure will be determined by the nature of the offense, time elapsed since the offense, and the number of offenses.

Dougherty County School System
Out of State Criminal Background Check Form

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I understand that it is my responsibility to attach a copy of my out-of-state criminal background check with my employment application.

I also understand that without this background check, my recommendation cannot be submitted to the Board of Education.

I HAVE ATTACHED A COPY OF MY OUT-OF-STATE CRIMINAL BACKGROUND CHECK WITH MY EMPLOYMENT APPLICATION.

Signature

Date

Dougherty County School System

Personnel File Consent Form

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I _____ on this date _____ give the
(Name) (Date)

_____ School Board permission to **send** my personnel file to the Dougherty County School System for review. I agree that all costs associated with this request will be my responsibility. The file **must** be presented to the Human Resources Department before being recommended for hire.

Signature

Date

**** THE PERSONNEL FILE **MUST** BE SENT DIRECTLY TO DCSS FROM THE PREVIOUS SCHOOL SYSTEM ****