

It is our policy to abide by all Federal and State laws prohibiting employment, discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40) sex, marital status, or physical handicap, except where a reasonable, bonafide occupational qualification exists.

APPLICATION FOR NON-CERTIFIED PERSONNEL

(Including Paraprofessionals, Food Service, Bus Driver, Secretary, Clerk, Custodians, etc.)

Name: _____
(Last) (First) (Middle) Social Security Number

Address: _____
(Street) (City) (State) (Zip) Telephone

Previous Addresses During The Last Five Years

(Street) (City) (State) (Zip)

(Street) (City) (State) (Zip)

Other Employment-Related Information

Check the following options which you would consider:

- Full-Time Part-Time Temporary

If minor, age: _____

List any relatives working for the TCSS:

Can you, after employment, submit a birth certificate or other proof of U. S. Citizenship? Yes No

Were you previously employed by the TCSS? Yes No Dates: _____

Have you ever been convicted of a felony or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify an applicant) Yes No

Do you have any physical limitations to perform the job applied for? (If yes, explain the type of accommodation required) Yes No

Accommodation required: _____

Have you received workers compensation during the last ten years? Yes No If yes, state the nature and date of injury, recurring effects and degree of disability. (Applicant may be required to pass a job-related physical exam).

Education & Training

High School Complete Address _____ Graduated Yes Year: _____ No

College/University Complete Address _____ Major _____ Degree/Year _____

College/university Complete Address _____ Major _____ Degree/Year _____

Trade School Complete Address _____ Subject _____ Completed Yes Year: _____ No

Trade School Complete Address _____ Subject _____ Completed Yes Year: _____ No

List any other education, training, special skills or certificates, licenses that you possess related to this job:

List any machines or equipment that you are qualified and experienced at operating: _____

List any language(s) that you fluently Speak: _____ Read: _____ Write: _____

REFERENCES

List non-related business persons known to you for at least three years.

	Name	Title	Business	Phone	Years Known
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Name of Employer: _____ Type of Business: _____

Address _____ City _____ State _____ Zip _____ Phone _____

Dates Employed: From _____ To _____ Starting Title: _____ Last title: _____

Name & Title of Supervisor: _____ May We Contact? Yes _____ No _____

Work Was: Full Time _____ Part Time _____ Reason for Leaving: _____

Briefly Describe Work: _____

Name of Employer: _____ Type of Business: _____

Address _____ City _____ State _____ Zip _____ Phone _____

Dates Employed: From _____ To _____ Starting Title: _____ Last title: _____

Name & Title of Supervisor: _____ May We Contact? Yes _____ No _____

Work Was: Full Time _____ Part Time _____ Reason for Leaving: _____

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Dates Employed: From _____ To _____ Starting Title: _____ Last title: _____

Name & Title of Supervisor: _____ May We Contact? Yes _____ No _____

Work Was: Full Time _____ Part Time _____ Reason for Leaving: _____

Briefly Describe Work: _____

<p>Drivers</p> <p>Do you have a valid Driver's License in this state?</p> <p>Yes _____ No _____</p> <p>If yes, License number: _____</p> <p>List any moving violations during the last five years under Comments Section.</p>
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<p>Comments</p> <p>List any comments or qualifying statements you care to make.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Applicant's Certification

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with my former employers, school officials, and persons named as references. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as the Talbot County School System deems necessary, I may be required to work overtime or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

Date: _____ Signature: _____

TALBOT COUNTY PUBLIC SCHOOLS
CONFIDENTIAL REFERENCE FORM

Name of Applicant _____
 Social Security Number _____
 Applying for Position as _____

Please Return to:
TALBOT COUNTY SCHOOLS
 P. O. BOX 515
 TALBOTTON, GEORGIA 31827

 Applicant's Signature Date

The person named has applied for a position in the Talbot County School System and has listed you as a reference. Your evaluation will be a service to this office, the applicant, and the children in our system. Please note that your evaluation will NOT be shared with the applicant.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT

Please complete this section and submit as quickly as possible. Please place a check in the appropriate column the factors about which you have adequate knowledge. Rate the applicant in relation to all employees or individuals you have known and/or supervised.

Qualities	Superior TOP 6%	Above Average Next 20%	Average Middle 60%	Below Average Lower 20%	Not Observed
Exhibits positive attitude					
Exhibits tact and self-control					
Exhibits initiative					
Demonstrates industry and effort					
Uses appropriate verbal communication skills					
Uses appropriate written communication skills					
Demonstrates competency in subject matter					
Demonstrates effective teaching strategies					
Relates to students in an appropriate manner					
Completes assigned tasks promptly and accurately					
Maintains appropriate classroom management and discipline					
Cooperates with school officials					
Cooperates with faculty and other staff					
Overall evaluation					
Demonstrates enthusiasm for teaching					
Is well-groomed, neat, clean & dresses appropriately					

Describe applicant's attendance and punctuality record _____

What is/was your association with applicant? Supervisor _____ Other _____

Organization Name and location _____

My title when I supervised applicant was: _____ Would you rehire this applicant? Yes _____ No _____

Would you hire this applicant to work with or near your child or other children? Yes _____ No _____

General remarks or additional comments regarding points of strength or areas for improvement _____

 Title _____ Print or type Name _____ Telephone Number _____

 Street Address _____ City & State _____ Zip Code _____

 Signature _____ Date _____

(Please use reverse side of this form or attach additional pages if necessary)

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