

P. O. Box 515 Talbotton, Georgia 31827

it is our policy to abide by all Federal and State laws prohibiling employment, discrimination solely on the basis of a person's race, coler, creed, national origin, religion, age (over 40) sex, mantal 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	
	Prev	vious Addresses Du	ring The Last Five Ye	ars	
	(Street)	(City)	(Si	afe)	(Zip)
			(5.	,	(214)
•	. (Street)	(City)	(S	tate)	(Zip)
		Other Employment-	Related Information		
heck the following option:	s which you would consider:	:		List any relatives w	orking for the TCSS:
	Part-Time ☐ Temporary				
minor, age:					
an you, after employment	, submit a birth certificate or	r other proof of U. S.	Citizenship? ☐ Yes	□ No	
Vere you previously emplo	yed by the TCSS? 🛘 Yes	□ No Date	ic.		
ave you ever been convic	ited of a felony or pleaded n	o contest in a felony,	or been convicted of a	misdemeanor resulting	in imprisonment or a fine
Ver Shill during the lactic	n years? (Conviction will not no				
o you have any physical li ccomodation required: ave you received workers	mitations to perform the job compensation during the la oplicant may be required to pass a	est ten vears? 🗀 Yes	S ΓINο If wes		□ No ate of injury, recurring effe
o you have any physical li ccomodation required: ave you received workers	compensation during the la	st ten years? ☐ Yes a job-related physical exam	s □ No If yes, n). & Training	state the nature and d	ate of injury, recurring effe
o you have any physical li ccomodation required: ave you received workers	compensation during the la	st ten years? ☐ Yes a job-related physical exam	s □ No If yes, n). & Training		ate of injury, recurring effe
o you have any physical li ccomodation required: ave you received workers nd degree of disability. (Al	compensation during the la oplicant may be required to pass a	st ten years? ☐ Yes a job-related physical exam	s □ No If yes, n). & Training	state the nature and da	ate of injury, recurring effe
to you have any physical liccomodation required: ave you received workers and degree of disability. (Ap- ligh School ollege/University	compensation during the la oplicant may be required to pass a Complete Address	st ten years? ☐ Yes a job-related physical exam	s	state the nature and da duated □ Yes Ye	ate of injury, recurring effects ear: \(\sum \) No Degree/Year
o you have any physical liccomodation required: ave you received workers ad degree of disability. (Ap	compensation during the la oplicant may be required to pass a Complete Address	st ten years? ☐ Yes a job-related physical exam	s	state the nature and da duated □ Yes Ye	ear: No Degree/Year
o you have any physical liccomodation required: ave you received workers ad degree of disability. (Ap- ligh School ollege/University	compensation during the la oplicant may be required to pass a Complete Address	st ten years? ☐ Yes a job-related physical exam	s	state the nature and da duated □ Yes Ye	ear: No Degree/Year
o you have any physical li ccomodation required: ave you received workers nd degree of disability. (Ap	compensation during the la oplicant may be required to pass a Complete Address Complete Address	st ten years? ☐ Yes a job-related physical exam	& Do If yes, & Training Grad Major Subject	state the nature and da duated □ Yes Ye	eate of injury, recurring effects ear:
o you have any physical liccomodation required: ave you received workers ad degree of disability. (Ap- ligh School ollege/University ade School ade School	Compensation during the la oplicant may be required to pass a Complete Address Complete Address Complete Address Complete Address Complete Address	est ten years?	& Training Major Subject	state the nature and danger duated ☐ Yes Yes Completed ☐ Yes Yes	eate of injury, recurring effects ear:
to you have any physical liccomodation required: ave you received workers and degree of disability. (Applicable) ligh School ollege/University ade School ade School st any other education, tra	Compensation during the la oplicant may be required to pass a Complete Address Complete Address Complete Address Complete Address Complete Address Complete Address ining, special skills or certifi	est ten years?	S No If yes, n). & Training Grad Major Major Subject Subject Ou possess related to i	state the nature and danger duated ☐ Yes Yes Completed ☐ Yes Yes Completed ☐ Yes Yes This job:	ear: No Degree/Year Degree/Year aar: No /ear; No
o you have any physical liccomodation required: ave you received workers and degree of disability. (Ap- ligh School ollege/University ade School ade School st any other education, tra	Compensation during the la oplicant may be required to pass a complete Address Complete Address Complete Address Complete Address Complete Address Complete Address ining, special skills or certificated a	est ten years?	S. No If yes, n). & Training Grade Major Major Subject Subject ou possess related to the perating:	state the nature and danger duated ☐ Yes Yes Completed ☐ Yes Yes Completed ☐ Yes Yes This job:	ear: No Degree/Year Degree/Year aar: No /ear; No
o you have any physical liccomodation required: ave you received workers and degree of disability. (Ap- ligh School ollege/University ade School ade School st any other education, tra	Compensation during the la oplicant may be required to pass a Complete Address Complete Address Complete Address Complete Address Complete Address Complete Address ining, special skills or certifi	est ten years?	S. No If yes, n). & Training Grade Major Major Subject Subject ou possess related to the perating:	state the nature and danger duated ☐ Yes Yes Completed ☐ Yes Yes Completed ☐ Yes Yes this job:	ear:

List	t your last 10 years' w	ork expenence begin	ining with	i the most recer	ıť.	:
Name of Employer:	a hanna a sa		Туре с	of Business:		
•				()	
Address	City	State	Zip	·	Phone	
Dates Employed: From	То	Starting Title:		Last title:		
Name & Title of Supervisor:				_ May We Contac	t? Yes	No
Work Was: Full Time	Part Time	Reason for	Leaving; _			
Briefly Describe Work:					•	
Name of Employer:			Туре с	of Business:		
-			~~	(
Address	City	State			Phone	
Dates Employed: From						
Name & Title of Supervisor;						•
Work Was: Full Time	•					
Briefly Describe Work:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·	·	
Name of Campleyor			Type	- Duningan		
Name of Employer:		-	rype (n business		
Address	City	State	Zip	() Phone	
Dates Employed: From	То	Starting Title:		Last title	;	
Name & Title of Supervisor;				May We Contac	ct? Yes	No
Work Was: Full Time	Part Time	Reason for	Leaving: _	 , ,		
Briefly Describe Work:						
Drivers Do you have a valid Driver's License	o in this stoic?	List any comments		Comments	eera la meko	
Voc.	s iii tiis state :	List dify comments		g statements you i	odie in Hieve	
If yes, License num	nber;					
List any moving violations during the	e last five years					
under Comments Section.			,			
	Λ	pplicant's Certificati	on	,		
Please read carefully before signing				ts, please ask for a	essistance.	
I certify that, to the best of my knowle application are correct and complete	edge and belief, the ansv . Tunderstand that any f	vers given by me to the fo alse information containe	oregoing qu d in this ap	testions and the st plication may resu	atements ma It in my discl	ade by me in this narge.
authorize you to communicate with schools, and individuals from any lial	my former employers, so billiy for any damage wha	chool officials, and person atsoever resulting from gi	ns named a Iving such li	s references. The nformation.	reby release	all employers,
นnderstand that as the Talbot Coun work day or work week. If employed ดัr any continuation of salary, wages	, I understand and agree	that such employment m	puired to wo nay be term	ork overtime or hou Inated at any time	rs outside a and without	normally defined any liability to me
		• •				

Signature: __

Date: _

TALBOT COUNTY PUBLIC SCHOOLS CONFIDENTIAL REFERENCE FORM

Name of Applicant Social Security Number			P.	Please Retu LBOT COUNTY O. BOX 515	SCHOOLS	
Applying for Position as			TA	ALBOTTON, GEO	ORGIA 31827	
	-					
		Applicant's	s Signature Date			
The person named has applied for a position in the Talbot Co office, the applicant, and the children in our system. Please no	unty School System ote that your evaluat T RETURN THIS I	ion will NOT be sh	ared with the ap	Your evaluation wi plicant.	ill be a service to	this
Please complete this section and submit as quickly as possible adequate knowledge. Rate the applicant in relation to all emp	e. Please place a ch	reck in the appropr	det column the	factors about which	you have	
Qualities	Superior TOP 6%	Above Average Next 20%	Average Middle 50%	a. Below Average Lower 20%	Not Observed	
Exhibits positive attitude	****		, , , ,	25001201	COGCIVER	
Exhibits tact and self-control				-		
Exhibits initiative		1				
Demonstrates industry and effort		Í		-		
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						
is well-groomed, near, death & 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 appli	cant? Yes	No	
Vould you hire this applicant to work with or near your child or	other children? Yes	No				
Seneral remarks or additional comments regarding points of st	rength or areas for In	nprovement				
					·	
- Table						
				_		
	<u></u>					
Title Print or typ	e Name		(
			rele	phone Number		
Street Address	City & State			Zip C	ode	

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

Date

Signature

TALBOT COUNTY PUBLIC SCHOOLS CONFIDENTIAL REFERENCE FORM

Street Address	City & State			Zip C	ode
Title Print or type N	vame		Tele	ephone Number	
Tills	[ana -		()_		
			 		
	<u></u>	··· · · · · · · · · · · · · · · · · ·	<u></u>		
	-				
	,				
Seneral remarks or additional comments regarding points of stren					
Nould you hire this applicant to work with or near your child or oth	er children? Yes	No			La provincia de la constanta d
Viy title when I supervised applicant was:				cant? Yes	. No
Organization Name and location			, , , , , , , , , , , , , , , , , , , ,		
What is/was your association with applicant? Supervisor	_ Other				
Describe applicant's attendance and punctuality record				•	
*	J				
Demonstrates enthusiasm for teaching Is well-groomed, neat, clean & dresses appropriately			<u>-</u>		
Overall evaluation					
Cooperates with faculty and other staff					
Cooperates with school officials					
Maintains appropriate classroom management and discipline					
Completes assigned tasks promptly and accurately					
Relates to students in an appropriate manner					
Demonstrates effective teaching strategies					
Demonstrates competency in subject matter					
Uses appropriate written communication skills					
Uses appropriate verbal communication skills					
Demonstrates industry and effort	1	Í			
Exhibits initiative					
Exhibits tact and self-control		1			
Exhibits positive attitude				20110(20/1	CDGGIYEU
Qualities	Superior	Above Average Next 20%	Average Middle 50%	Below Average Lower 20%	Not Observed
Please complete this section and submit as quickly as possible. adequate knowledge. Rate the applicant in relation to all employ	Please place a cl ees or individuals	eck in the appropr you have known a	riate column the and/or supervise	d	
PLEASE DO NOT F	RETURN THIS I	FORM TO THE A	APPHCANT		
The person named has applied for a position in the Talbot Count office, the applicant, and the children in our system. Please note	y School System	and has listed you	as a reference.	Your evaluation w	ill be a service to th
			_		•
		Annlicantic	Signature Date		
			17	KEBOTTON, GE	ONGIA 310ZI
Social Security Number				O. BOX 515 ALBOTTON, GE	ODC(A 24027
Name of Applicant				LBOT COUNTY	SCHOOLS
Name of Applicant			← •	Please Retu	

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

Date

Signature

TALBOT COUNTY PUBLIC SCHOOLS CONFIDENTIAL REFERENCE FORM

Name of Applicant Social Security Number Applying for Position as			P	Please Retur ALBOT COUNTY . O. BOX 515 ALBOTTON, GEO	SCHOOLS	
		Applicant's	Signature Date	:		
The person named has applied for a position in the Talbot County office, the applicant, and the children in our system. Please note PLEASE DO NOT R Please complete this section and submit as quickly as possible. F	that your evaluat ETURN THIS I	tion will NOT be sh FORM TO THE A	ared with the ap	plicant.		his
adequate knowledge. Rate the applicant in relation to all employe	es or individuals	you have known a	nate column the and/or supervise	ractors about which ed	you have	
Qualities	Superior TOP 6%	Above Average Next 20%	Average	Below Average	Not	
Exhibits positive attitude	1010%	NEXT 20 %	Middle 50%	Lower 20%	Observed	
Exhibits tact and self-control			<u> </u>	-		
Exhibits initiative			<u> </u>			
Demonstrates industry and effort	<u> </u>	<u> </u>		1		
Uses appropriate verbal communication skills						
Uses appropriate written communication skills		1,				
Demonstrates competency in subject matter		<u> </u>				
Demonstrates effective teaching strategies	<u> </u>	-		, ,		
Relates to students in an appropriate manner						
Completes assigned tasks promptly and accurately]			
Maintains appropriate classroom management and discipline						
Cooperates with school officials	l					
Cooperates with faculty and other staff .	<u> </u>					1
Overall evaluation						•
Demonstrates enthusiasm for teaching				<u> </u>		
Is well-groomed, neat, clean & dresses appropriately	<u> </u>	<u> </u>				
ss well-groothed, heat, clean & blesses appropriately				1		
Describe applicant's attendence 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	u rehire this app	licant? Yes	No	
Mould you hire this applicant to work with or near your child or oth	er children? Ye:	s No	•		A PARAMETER AND A PARAMETER AN	
General remarks or additional comments regarding points of stren	gth or areas for l	mprovement		-m		
	-					
			()			
Title Print or type h	lame		Te	lephone Number		
Street Address	City & State			Zip C	·odo	
Ottoot Mudicos	Oly & Diale			Zip C	,uue	

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

Date

Signature