



GNETS of Oconee

Georgia Network for Education and Therapeutic Support

P.O. Box 1830 / 1300 Orchard Hill Road, Milledgeville, GA 31059

(478) 414-2023 / (478) 414-2025 FAX



Classified Application for Employment - 2011-2012 School Year

I. Biographical Data

Name (Last, First MI)		Position Applying For:
Date:		Email Address:
Present Address	Street Address: City, State Zip	
Permanent Address	Street Address: City, State Zip	
Phone #	Home:	Work:
Social Security #		Cell:

II. Educational Background

Name of School	Location	Dates Attended	Major	Degree

III. Certification

Professional Standards Commission Certification (Please list applicable certifications)	Valid Until:	Paraprofessional Assessment Results	Date of Paraprofessional Assessment
		Pass or Fail	

IV. Military Experience

Branch of Service	Dates of Service		Length of Service Months/Years	Highest Rank	Type of Discharge
	From	To			

V. Work Experience

Current or last employer:	Dates Employed From To		Job Title:
Address:			Description of work performed:
Phone #:	Hourly Rate / Salary Starting Final		
Supervisor:			
Reason for Leaving			

Employer:	Dates Employed From To		Job Title:
Address:			Description of work performed:
Phone #:	Hourly Rate / Salary Starting Final		
Supervisor:			
Reason for Leaving			

Employer:	Dates Employed From To		Job Title:
Address:			Description of work performed:
Phone #:	Hourly Rate / Salary Starting Final		
Supervisor:			
Reason for Leaving			

Employer:	Dates Employed From To		Job Title:
Address:			Description of work performed:
Phone #:	Hourly Rate / Salary Starting Final		
Supervisor:			
Reason for Leaving			

V. Honors and Interests

List any special honors or awards you have won:
List clubs or organizations of which you are affiliated:
List any special interests or hobbies:
List any skills or qualifications you may have which will be of special benefit in the position for which you are applying:

VI. Personal Data

Date available for employment: _____	Circle One:
Are you a citizen of the United States of America?	YES or NO
Have you previously been employed with the GNETS of Oconee?	YES or NO
How many days were you absent from work last year? _____ Primary Reason:	YES or NO
Are you presently under a teaching contract? If yes, attach an explanation.	YES or NO
Have you ever failed to have a contract renewed? If yes, attach an explanation.	YES or NO
Have you ever pled guilty to or been convicted of any offense relating to the possession or distribution of illegal drugs? If yes, attach an explanation.	YES or NO
Have you ever been convicted of any other felony or misdemeanor other than minor traffic offenses? If yes, attach an explanation giving date, place, charge, disposition.	YES or NO

For Emergency Notification:

Name of person to notify in an emergency:	Address:	Phone (Home/Work/Cell)

In your own handwriting, briefly discuss why you want to work with children who have serious behavior problems and/or emotional disturbances:

References

Please list five references below. The persons you list as references should be qualified to give information to show your fitness for the position you seek. If you are an experienced teacher, be sure to include your former principals and supervisors. Do not include neighbors, friends or relatives. Please list the individuals in order of preference whom you would most like us to ask for a recommendation.

Name	Position	Email Address (or physical address if email is unavailable)	Telephone	
			Home	Business

By filing an application for employment with GNETS of Oconee, if employed, I agree to abide by all the policies as set forth by GNETS of Oconee and the Oconee RESA. I authorize full investigation of the information given in this application and consent to the representatives of GNETS of Oconee contacting my references, previous employers, physicians, hospitals, schools attended, court officials, and law enforcement authorities. I also understand any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

I understand that my application is not complete until transcripts of my college work (if applicable), recommendations and all supporting documents are submitted to GNETS of Oconee. I also understand the application, transcripts, references, and other data are the property of GNETS of Oconee and will not be returned.

Applicant's Signature: _____ Date: _____

ATTENTION:
 All persons employed at GNETS of Oconee must be approved by the Oconee RESA Board of Control. Therefore, no employment is official until it has been confirmed at a meeting of the RESA Board of Control. Applications are kept in our active file one year from the date of application. It is the responsibility of the applicant to reapply after that time.

It is the policy of GNETS of Oconee not to discriminate on the basis of age, sex, race, religion, national origin, or disability in its educational programs, activities, or employment practices.