

Morgan County Board of Education

1065 East Avenue Madison, GA 30650 (706) 342-0752

APPLICATION FOR EMPLOYMENT*

DATE OF APPLICATION: _____ DATE AVAILABLE: _____

NAME: _____ SSN: _____
(LAST) (FIRST) (MIDDLE/MAIDEN)

ADDRESS: _____ TELEPHONE: (H) _____
_____ (W) _____

EMERGENCY CONTACT: _____ PHONE: _____

POSITION(S) APPLIED FOR: _____

EMPLOYMENT HISTORY

List the positions you have held in the past ten years starting with your current or most recent employer.

Employer _____ Address _____

Position _____ Supervisor Name _____ Phone _____

Dates (From/To) _____ Reason for Leaving _____

Employer _____ Address _____

Position _____ Supervisor Name _____ Phone _____

Dates (From/To) _____ Reason for Leaving _____

Employer _____ Address _____

Position _____ Supervisor Name _____ Phone _____

Dates (From/To) _____ Reason for Leaving _____

Employer _____ Address _____

Position _____ Supervisor Name _____ Phone _____

Dates (From/To) _____ Reason for Leaving _____

Employer _____ Address _____

Position _____ Supervisor Name _____ Phone _____

Dates (From/To) _____ Reason for Leaving _____

*Applicants for teaching, paraprofessional or school nutrition positions should use the employment application form designated for that position.

EDUCATION

Official transcripts may be required at the time of employment.

High School _____ Year Graduated or GED _____
(NAME) (CITY/STATE)

College _____ Dates Attended _____
(NAME)

(CITY/STATE) Degree _____ Major _____

College _____ Dates Attended _____
(NAME)

(CITY/STATE) Degree _____ Major _____

PERSONAL REFERENCES

List three persons other than relatives who are familiar with your capabilities.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST NAMES OF ANY RELATIVES EMPLOYED BY MORGAN COUNTY SCHOOLS:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS? * _____ IF YES, PLEASE EXPLAIN: _____

* All employees of the Morgan County School System are required to submit to a criminal records check.

PLEASE LIST ANY OTHER SKILLS OR QUALIFICATIONS YOU FEEL WOULD BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: _____

I authorize full investigation of the information given in this application and consent to the representatives of the Morgan County BOE contacting my references, previous employers, and schools attended. I understand that any misstatement or omission of any information requested will be a reason for non-employment or dismissal from employment. If employed, I agree to abide by all the policies as set forth by the Morgan County BOE.

APPLICANT'S SIGNATURE _____ DATE _____

The Morgan County Board of Education is an equal opportunity employer and does not discriminate in employment on the basis of religion, race, color, gender, national origin, age or disability.