

UNION COUNTY BOARD OF EDUCATION

RETURN TO:
 Union County Board of Education
 124 Hughes Street
 Blairsville, GA 30512
 Ph: (706) 745-2322 Fx: (706) 745-5025



FOR OFFICE USE ONLY

Rec _____ Inter _____
 DS _____ DM _____

INSTRUCTIONS: Complete (please type or print) all sections accurately to facilitate processing your application. The following information is required before an application is considered complete: three professional references (or college placement file), transcripts of course work at all colleges and universities. Unofficial copies of test scores and transcripts are acceptable.

Date: _____ Date Available to Begin Employment: _____

Last Name	First Name	Middle Name	Former Last Name(s)
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s)			Social Security Number

Are you currently employed? YES NO If YES, may current employer be contacted for verification? _____

If you do not wish your employer to be contacted, state reason(s): _____

POSITION DESIRED: Full Time Teacher Part Time Teacher Evening School Other _____

List Preference(s): Grade/Subject _____

Do you have a Georgia Certificate? (Required if employed) YES NO Copy Attached

If YES: _____ Expiration Date _____ Fields(s) _____ Type _____

If No: Application has been made Yes No
 Evaluation Enclosed Yes No

Have you passed the Georgia Teacher Certification Examination? Yes No Copy Attached Score _____

Name of High School:	Date Graduated:				CHECK GRADING SYSTEM				
College Education:	Major	Minor	Degree Date	Degree Type	GPA	3Pt.	4Pt.	P/F	Other

List all employment in chronological order, starting with your current employment. Attach additional pages, if necessary.

POSITION (Grade/Subject)	DATES From	To	TOTAL Years	SUPERVISOR'S NAME	TELEPHONE	SCHOOL DISTRICT ORGANIZATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**UNION COUNTY BOARD OF EDUCATION
CONFIDENTIAL REFERENCE FORM**

PLEASE SUPPLY UNION COUNTY SCHOOL SYSTEM WITH THE INFORMATION REQUESTED IN SECTION B.
The person named has applied for a position in the Union county School System and has listed you as a reference. Your evaluation will be a service to this office, the applicant and possibly the children in our system. Please note that your evaluation will **NOT** be shared with the applicant.

SECTION A

Name of Applicant _____	Social Security Number _____
Applying for position as _____	I understand the information supplied is confidential and will not be shared with me. I waive all rights of examination.
_____ Applicant's Signature & Date	

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SECTION A

Please complete this section and submit as quickly as possible. Should you need additional information, call or write the Personnel Department. Please 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 5%	Above Avg next 20%	Average Middle 50%	Below Avg Lower 25%	Not Observed
Exhibits acceptable professional dressing, grooming					
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					
Maintains appropriate classroom management and discipline					
Relates to students in a appropriate manner					
Completes assigned tasks promptly and accurately					
Cooperates with school officials					
Cooperates with faculty and staff					
Overall evaluation					

Describe applicant's attendance and punctuality record _____

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

Organization Name & 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:

SIGNATURE	TITLE IF APPLICABLE	TELEPHONE NUMBER
STREET ADDRESS	CITY & STATE	ZIP CODE

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

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