UNION COUNTY BOARD OF EDUCATION

RETURN TO:

Union County Board of Education 124 Hughes Street Blairsville, GA 30512



FOR OFFICE USE ONLY					
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DS	_ DM				

Ph: (706) 745-2322 Fx: (706) 745-5025

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 Available to Begin Employment: Date: Former Last Name(s) Middle Name Last Name First Name Zip Code City State Address Number Street Social₁Security₁Number Telephone Number(s) If YES, may current employer be contacted for verification? Are you currently employed? YES NO If you do not wish your employer to be contacted, state reason(s): Part Time Teacher Evening School Other POSITION DESIRED: | Full Time Teacher List Preference(s): Grade/Subject Do you have a Georgia Certificate? (Required if employed) YES Copy Attached □ NO **Expiration Date** Fields(s) Type If No: Application has been made Yes **Evaluation Enclosed** Have you passed the Georgia Teacher Certification Examination? ☐ No Copy Attached ☐Yes Score CHECK GRADING SYSTEM Date Graduated: Name of High School: Major Minor Degree Date Degree Type **GPA** 3Pt. 4Pt. P/F Other College Education: List all employment in chronological order, starting with your current employment. Attach additional pages, if necessary. TOTAL SUPERVISOR'S TELEPHONE SCHOOL DISTRICT POSITION DATES ORGANIZATION . (Grade/Subject) From To Years NAME

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.

Name and Title	Address	City, S	State, Zip	Phone
			()
				/
			()
			()
you answer yes to any of t		ttach an explanation (including fin		igations).
ave you ever failed to have a	contract renewed?	,		
	credential denied, revoked, or sur of a felony or misdemeanor othe			
		ential functions of the positions for v	vhich you are applying?	
In your handwriting, write	a brief statement explaining why	you chose the teaching profession.		
,				
	SPONSOR e corresponding letters in order o	f preference.		
licate interest by entering th	e corresponding letters in order of		D TENINIC	DDEFEDENCE
licate interest by entering the ACADEMIC TEAM	e corresponding letters in order of F. DEBATE	K. LEADERSHIP TEAM	P. TENNIS O. TRACK	PREFERENCE:
ACADEMIC TEAM ANNUAL	e corresponding letters in order of F. DEBATE G. DRAMA	K. LEADERSHIP TEAM L. LITERARY	Q. TRACK	1 ST .
icate interest by entering the ACADEMIC TEAM ANNUAL BASEBALL	e corresponding letters in order of F. DEBATE G. DRAMA H. FOOTBALL	K. LEADERSHIP TEAM L. LITERARY M. MUSIC	Q. TRACK R. VIDEO CLUB	1 ST . 2 ND .
icate interest by entering the ACADEMIC TEAM ANNUAL BASEBALL BASKETBALL	e corresponding letters in order of F. DEBATE G. DRAMA	K. LEADERSHIP TEAM L. LITERARY	Q. TRACK	1ST
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licate interest by entering the ACADEMIC TEAM ANNUAL BASEBALL BASKETBALL CHEERLEADING filing application for employed	e corresponding letters in order of F. DEBATE G. DRAMA H. FOOTBALL I. GOLF J. GRADE MANAGER Dyment with the Union County B	K. LEADERSHIP TEAM L. LITERARY M. MUSIC N. SCHOOL COMMITTEE	Q. TRACK R. VIDEO CLUB S. OTHER any misrepresentation or	1 ST . 2 ND . 3 RD . 4 TH .

List three former supervisors or college teachers from whom you will request references. (Forms are in the application package)

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 Sec	urity Numb	er			
Applying for position as	I und	lerstand the	information s I waive all ri	supplied is cong ghts of exami	afidential and nation.	will not be
		.,,,,	Applicant's	s Signature &	Date	
DO NOT RETURN	THIS FORM TO TH	E APPLIC	ANT			
Please Return to: Union County Board	of Education					
124 Hughes Street SECTION A	Blairsville, GA. 30512	Ph: (706)	745-2322 F:	k: (706) 745-5	025	
				21 d B	175	
Please complete this section and submit as quickly as possible. S Please check in the appropriate column the factors about which y	Should you need additio ou have adequate know	nal intorma dedge. Rat	tion, call or v e the applican	rrite the Perso: t in relation to	nnei Departm all employee	ent. S of
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						1
Relates to students in a appropriate manner						
Completes assigned tasks promptly and accurately						
Cooperates with school officials						
Cooperates with faculty and staff						1
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 h					ren? Yes	No
General remarks or additional comments regarding points of streng			•			
October solutions of additional commons to Smarts bears of provide						
SIGNATURE TITL	E IF APPLICABLE			TELEPHON	E NUMBER	
STREET ADDRESS C	TITY & STATE	ATE ZIP CODE				

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

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SECTION A					"	
Name of Applicant	Social S	ecurity Numb	er			
Applying for position as	I u	nderstand the ared with me.	information : I waive all ri	supplied is cong ghts of examin	fidential and nation.	will not be
	· ·		Applicant'	s Signature &	Date	
	NOT RETURN THIS FORM TO T a County Board of Education	THE APPLIC	CANT			
124 H	Iughes Street Blairsville, GA. 305	12 Ph: (706)	745-2322 F	x: (706) 745-5	025	
SECTION A						
Please complete this section and submit as quickly Please check in the appropriate column the factor individuals you have known and/or supervised.						
QUALITIES		Superior	Above Avg	Average	Below Avg	Not
Exhibits acceptable professional dressing, groomi	ing	Top 5%	next 20%	Middle 50%	Lower 25%	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						
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Demonstrates effective teaching strategies						
Maintains appropriate classroom management and	d discipline					1
Relates to students in a appropriate manner	· · · · · · · · · · · · · · · · · · ·					1
Completes assigned tasks promptly and accurately	y					
Cooperates with school officials						
Cooperates with faculty and staff						1
Overall evaluation						
Describe applicant's attendance and punctuality rec	ord					<u></u>
What is/was your association with applicant? Supe	rvisorOther					
Organization Name & Location						
My title when I supervised applicant was:						
Would you rehire this applicant? Yes No	Would you hire this applicant to w	ork with or n	ear your child	or other child	ren? Yes	No
General remarks or additional comments regarding	points of strength or areas for impro-	vement:				
						
M-14-08-11-11-1						
SIGNATURE	TITLE IF APPLICABLE			TELEPHON	E NUMBER	
STREET ADDRESS	CITY & STATE			ZIP C	ODE	

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SECTION A						
Name of Applicant	pplicant Social Security Number					
Applying for position as				supplied is con ghts of exami		will not be
			Applicant's	Signature &	Date	
Please Return to: Un	O NOT RETURN THIS FORM TO T ion County Board of Education Hughes Street Blairsville, GA. 3051			x: (706) 745-5	025	
Please complete this section and submit as quice Please check in the appropriate column the fact	tors about which you have adequate kno					
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Exhibits initiative	 					
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Cooperates with faculty and staff						<u> </u>
Overall evaluation						
Describe applicant's attendance and punctuality r	record	<u>- L</u>	L	<u> </u>		-1
What is/was your association with applicant? Su						
Organization Name & Location						
My title when I supervised applicant was:						
Would you rehire this applicant? Yes No_						No.
General remarks or additional comments regarding			a your onnu	or ourse sinia		
SIGNATURE	TITLE IF APPLICABLE			TELEPHON	É NUMBER	
STREET ADDRESS	CITY & STATE			ZIP C	ODE	