

# Coweta County School System

Department of Human Resources  
P.O. Box 280  
Newnan, Georgia 30264  
Phone (770) 254-2803 or 254-2804  
FAX (770) 254-2757

## Application for Teacher/Administrator

### Section I - Position Desired

#### ELEMENTARY TEACHER (PreK-5)

Specify Level

- Pre-K  
 Primary K-3  
 Intermediate 4-5

#### SPECIAL EDUCATION

Specify areas of Special Education

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### MIDDLE SCHOOL TEACHER (6-8)

Specify Subjects and Level

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ADMINISTRATOR

Specify Level

- Elementary  
 Middle  
 High  
 Central Office

#### SECONDARY TEACHER (9-12)

Specify Subjects and Level

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### OTHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EXTRACURRICULAR ACTIVITIES YOU ARE QUALIFIED TO SPONSOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please allow three weeks for processing this application prior to contacting our office.

#### OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Initial Interview                               | <input type="checkbox"/> Certification   |
| <input type="checkbox"/> References                                      | <input type="checkbox"/> Placement File  |
| <input type="checkbox"/> Narrative                                       | <input type="checkbox"/> All Transcripts |
| <input type="checkbox"/> Application Complete (placed in screening file) |  |

### General Information

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

Parent's/Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Date: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_

Social Security No: \_\_\_\_\_

## Section II - Educational Training

A transcript from all colleges attended is required to complete application.

Dates	Name of School (high school, college, and graduate school)	Degree	Major	Minor

Approximate undergraduate G.P.A. \_\_\_\_\_

Approximate graduate G.P.A. \_\_\_\_\_

## Section III - Student Teaching Information

Name of Supervising Teacher: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip

Name of Supervising Principal: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip

Name of School: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street
City
State
Zip

Dates of Student Teaching: \_\_\_\_\_  
Beginning
Ending

## Section IV - Employment Record

Beginning with current position, list all educational and non-educational work experience.

Dates	Grade/Subject or Position	Name and Address of Employer	Reason for Leaving

Total Years of Teaching Experience (Must complete 120 contract days to be given credit for one year of experience): \_\_\_\_\_

Please attach a copy of GTEP evaluations for last year including annual summary evaluation, any GTDRI forms and all GTOIs.

## Section V - Military Experience

Branch of Service: \_\_\_\_\_ Induction Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_  
 Highest Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
 Provide copy of military discharge form.

## Section VI - Certification Information

Do you presently hold a valid teaching certificate? \_\_\_\_\_ Field(s): \_\_\_\_\_ State \_\_\_\_\_  
 Validity Period: \_\_\_\_\_ to \_\_\_\_\_ Hours earned toward renewal: \_\_\_\_\_  
 Have you applied for a Georgia teaching certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No Date applied: \_\_\_\_\_  
 Have you taken the Georgia PRAXIS? \_\_\_\_\_ Yes \_\_\_\_\_ No (Enclose a copy of score report.)  
 Have you previously held a probationary (PA) Georgia teaching certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you previously held a provisional (B) Georgia teaching certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you ever had a teaching certificate denied, revoked, or suspended in any state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

## Section VII - Other Information

List any organizations of which you are/have been a member and offices held: (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been dismissed/non-renewed from employment with a school system? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Are you presently under contract with any school system? \_\_\_\_\_ Yes \_\_\_\_\_ No Name of system: \_\_\_\_\_

Do you have any relatives employed by the Coweta County School System? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Where: \_\_\_\_\_

Have you ever been convicted by federal, state or other law enforcement authorities or pleaded nolo contendere for violation of any federal law, state law, county or municipal law, regulation or ordinance? (Do not include anything that occurred before your seventeenth birthday. Do not include minor traffic violations for which a fine of \$100 or less was imposed.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Violation	Date	Court, State, County Where Charged	Disposition

## Section VIII - References

Will a placement file be a part of this application? \_\_\_ Yes \_\_\_ No If so, please forward to this office. Indicate if submitted under a different name: \_\_\_\_\_

Persons listed as references should be able to answer questions concerning the applicant's qualifications for the position sought. The most recent supervising principals and/or central office administrators who have direct knowledge of the applicant's work must be included. Beginning teachers must include cooperating teacher, college supervisor, and/or major professors. Neighbors, friends, or relatives should not be included.

Please list references (even those in a placement file). Complete addresses are required, including zip codes. Please print or type.

1.	Name	Title	Telephone:	School	Home
	Street	City	State	Zip	
2.	Name	Title	Telephone:	School	Home
	Street	City	State	Zip	
3.	Name	Title	Telephone:	School	Home
	Street	City	State	Zip	

## Section IX - Signature Statement

*Read this statement and sign after completing the application.*

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

I understand and agree to a criminal record check as provided by O.C.G.A. § 20-2-211, the policies and rules of the State Board of Education and of this board of education. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign the appropriate forms which the law enforcement agency may require me to sign consenting to a criminal record check through the National Crime Information Center and the Georgia Crime Information Center. I understand that I will be issued only a temporary contract of employment pending the outcome of a criminal record check.

The application, transcript, references and other data are the property of the Coweta County Board of Education and will not be returned to the applicant. They will be kept on file through two hiring cycles.

I consent for any former employer of mine to furnish any information from my personnel file or evaluations relative to my performance as an employee, and I waive any right I may have for such information to remain confidential.

APPLICANT'S SIGNATURE \_\_\_\_\_ SS # \_\_\_\_\_ DATE \_\_\_\_\_

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

**Non-Discrimination Compliance Coordinator: Associate Superintendent  
Coweta County Schools  
P.O. Box 280  
Newnan, GA 30264  
(770) 254-2802**

## **This Section Must be Completed in Applicant's Handwriting**

Please describe in narrative form additional information applicable to the position for which you are applying, **including but not limited to**, particular skills and experiences, why you chose a career in education, membership in honor societies, awards, fellowships and publications, jobs held, military experience, hobbies and special interests. Please use the back of this sheet if necessary.

Signature

Social Security Number

Date

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize **Coweta County School System**  
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date

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Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")

**One of the following must be checked:**

- This authorization is valid for 90/180/ \_\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.