

Checklist for Teacher's Application

_____ Transcripts

_____ Teaching Certificates

_____ Completed Reference Forms (3)

_____ GACE or PRAXIS Scores

_____ Copies of Current Evaluation (if applicable)

_____ Resume



Dodge County Board of Education

Office of the Superintendent
 Post Office Box 1029 720 College Street
 Eastman, Georgia 31023-1029
 Phone (478) 374-3783 Fax (478) 374-6697

POSITION(S) DESIRED _____ DATE _____

Name _____

Last First Middle Social Security Number

Present Address _____ (_____) _____
 Street Telephone

Permanent Address _____ (_____) _____
 City State Zip Telephone

_____ (_____) _____
 City State Zip Cell Phone

Birth Date _____ E-Mail Address _____

MISSION STATEMENT FOR DODGE COUNTY SCHOOLS

The mission of the Dodge County School System is "We are **Dedicated to Our Desire to Graduate Everyone.**"

CERTIFICATION (List all areas in which you hold valid Georgia and/or out-of-state teaching certificates.)

NOTE: Applicants holding a certificate from another state must obtain a Georgia Certificate in order to teach in Georgia Public Schools.)

AREA OF CERTIFICATION	ISSUING STATE	DATE ISSUED

Have you acquired tenure in Georgia? _____ If yes, in what school district? _____

Date available for employment: _____

If you are not employed full-time, are you interested in being placed on our Substitute List? Yes No

Long-term Yes No

Short-term Yes No

NOTE: The applicant should exercise the greatest care in preparing this application. Information given herein becomes a legal part of the contract. Please do not omit any item.

EDUCATIONAL BACKGROUND

	School or Institution and Location	Major/Minor	Diplomas, Degrees, or Credits Earned	Grade Point
High School				
College/University				
College/University				
College/University				
Graduate Study				
Graduate Study				

EXPERIENCE (Include dates for Military Service if any)

Name of School and Location	DATES		No. of Teachers in School	NATURE OF WORK If grades, specify what grades and subjects; if high school, the subjects taught and any extra-curricular work handled.
	From	To		

Please list activities that you are qualified to supervise or coach: _____

If you have not been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING		
Grade or Subject Taught	Name and Address of School	1. College Supervisor 2. Cooperating Teacher
		1. 2.
		1. 2.

STUDENT TEACHING REFERENCES:

Please attach photocopies of letters of reference and or evaluations from college/university student supervisor and cooperating teacher(s).

REFERENCES: These should be persons qualified to provide information concerning your ability to perform the duties of the position you seek. Please include superintendents and principals under whom you have taught.

Name	Telephone Number	Address	Occupation

OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e., honors, awards, activities, technology skills, or professional development activities.

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer “Yes” to any question, on a separate sheet attached to your application, you must list all offenses, and for each conviction, provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of “nolo contendere” (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence, or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

	YES	NO
Were you ever convicted of a criminal offense?		
Are you currently under charges for a criminal offense?		
Have you ever forfeited bond or collateral in connection with a criminal offense?		
Within the last ten years, have you been fired from any job for any reason?		
Within the last ten years, have you quit a job after being notified that you would be fired?		
Have you ever been professionally disciplined in any state? <i>Professionally disciplined means the annulment, revocation, or suspension of your teaching certification or having received a letter of reprimand from an agency, board, or commission of state government, such as the Georgia Professional Standards and Practices Commission.</i>		
Are you subject to any visa or immigration status which would prevent lawful employment?		

Note: If you answered “Yes” to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

COMPLIANCE with O.C.G.A. § 20-2-211 (e) (Background Check of Prospective Employees)

ESSAY

We are interested in your ability to organize and express thoughts on a specific topic in a succinct manner. Please select one of the following topics and write an essay on an attached sheet.

1. **The Most Important Qualities of an Outstanding Educator**
2. **My Philosophy of Student Discipline**
3. **The Importance of Continuing Professional Development and How I Plan to Incorporate it Throughout My Career**
4. **Essential Elements of Instruction, Administration, or Area of Certification**
5. **How Information Technology (i.e., computers, Internet) Can Be Integrated Into the instructional Process and Curriculum**

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of the Dodge County Board of Education may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless and any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information which would actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age, or disability.

Date

Signature of Candidate
(Must be original signature in ink)

Georgia school districts shall not discriminate in their educational programs, activities, or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry, or any other legally protected classification. This policy is in accordance with the state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.

When hired, every Dodge County employee is required to have a criminal record check.

**Dodge County Board of Education
Request for Professional Reference**

_____ has applied for a position as a(an) _____
in the Dodge County School System. Your evaluation of the applicant will be service to this office and to the applicant.
Thank you for your time and assistance in this matter.

**Superintendent
Dodge County Schools**

This evaluation form is confidential and will not be shown to the candidate unless he/she has marked the non-confidential box and signed the form.

Non-Confidential Evaluation
(Open to review by candidate)

Applicant's Signature

Date

Not Applicable	Unobserved	Strong	Satisfactory	Marginal	Unsatisfactory
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PROFESSIONALISM					
Seeks professional growth					
Fulfills assignments according to policies					
Maintains good physical and mental health					
Contributes to total school program					
Is regular in attendance					
INSTRUCTION					
Demonstrates knowledge and enthusiasm when teaching					
Plans and organizes for effective instruction					
Offers stimulating psychological and physical environment					
Uses resources and methods appropriately for teaching and evaluation					
Practices good communication skills					
STUDENT MANAGEMENT					
Maintains a positive, respectful, and professional manner					
Involves students in the learning process					
Is consistent and fair in dealing with students					
PERSONAL RELATIONSHIPS					
Accepts others					
Exercises and respects proper authority					
OVERALL EVALUATION					

Your acquaintance with this applicant has been as:

_____ Employer _____ Friend _____ Relative _____ Instructor _____ Co-worker Date: From _____ To _____

Would you employ applicant in such a position? _____ Yes _____ No _____ Maybe

Why? _____

Other Comments: _____

Should we telephone you for additional information? _____ Yes _____ No

Signature

Area Code/Phone Number

Position

Date

Please return this form to: Dodge County Schools
Office of the Superintendent
P. O. Box 1029
Eastman, GA 31023