Evans County School System
705 West Main Street
Claxton, Georgia 30417
Phone (912) 739-3544 | Fax (912) 739-2492

Job Applying For: _____

PERSONAL INFORMATION

Contact Information

First Name: _____ *Middle Name:*_____

*Last Name:*_____ *Preferred Name:*_____

*Email:*_____ *Have you worked here before?* **Yes/No**

Social Security Number: _____ *Phone*:_____ *Mobile Phone* :_____

Date of Birth: _____

Present Address

*Street:*_____ *City:*_____

*State:*_____ *Zip Code/Postal Code:*_____

Work Authorization

Are you legally able to work in the U.S.? *Yes/No*

Equal Opportunity Information

Providing this information is strictly voluntary. You will not be subject to adverse action or treatment if you choose not to provide this information. If you choose not to provide this information, please select 'Decline to Identify.' Instructions: answer the ethnicity question first followed by the question on race. Mark one or more races to indicate what you consider yourself to be.

Gender: _____

Ethnicity: Hispanic/not hispanic: _____

Asian Yes/No _____

Native Hawaiian or Other Pacific Islander Yes/No: _____

*Date Of Birth:*_____

American Indian or Alaska Native: Yes/No: _____

*Black or African American: Yes/No:*_____

*White: Yes/No:*_____

EDUCATION

Please list your educational experiences (name, graduation date, degree earned, GPA). If more than three, list the most recent first.

1._____

2. _____

3._____

BACKGROUND INFORMATION

Background

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying. Please answer each as a yes/no and explain if necessary

Have you ever been
*convicted of a violation of law other than a minor traffic violation?*_____

*Have you ever had a professional certificate revoked or suspended?*_____

Have you been convicted of any offense for physical or sexual abuse of a child? _____

Have you ever had a charge of child abuse agaisnt you substantiated? _____

Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from the employment of another school district? _____

*Have you ever had a No professional license revoked or suspended?*_____

If Yes to any of the above, please explain:

REFERENCES

Please list three references below with their contact information. A resume can be supplied in lieu of filling out the below.

1. *Name*_____ *PHone number:*_____

   Relationship to you: _____

2. *Name*_____ *PHone number:*_____

   Relationship to you: _____

3. *Name*_____ *PHone number:*_____

   Relationship to you: _____

EMPLOYMENT

Please list your last three places of employment

MOST RECENT/CURRENT EMPLOYMENT

*Job:*_____

Supervisor Name and phone number: _____

Dates of work: From _____ *to* _____.

*Job Responsibilties:*_____

May we contact this employer Yes/No: _____

Next Employment EMPLOYMENT

*Job:*_____

Supervisor Name and phone number: _____

Dates of work: From _____ *to* _____.

*Job Responsibilties:*_____

May we contact this employer Yes/No: _____

Next Employment EMPLOYMENT

*Job:*_____

Supervisor Name and phone number: _____

Dates of work: From _____ *to* _____.

*Job Responsibilties:*_____

May we contact this employer Yes/No: _____

DISCLAIMERS AND AFFIRMATION

District Policy

The School District does not discriminate on the basis of race, color, national origin age, sex or disability, in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning the School's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), or Title II of the Americans with Disabilities Act of 1990 (ADA), may contact the Assistant Superintendent or Human Resources.

Application Confirmation Statement

I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by the Evans County School District, I will abide by all Board of Education and school policies, work on assigned committees, and continue my professional growth to the best of my ability and within reasonable and personal standards. I grant permission for school officials to obtain a personal record check from the federal, state, county, and/or local law enforcement agencies and Division of Family Services; also a credit history check may be made. I release individuals listed as references and current or former employers from any liability for information given in response to a request for an employment reference. I understand that I will be required to take a drug test and physical exam prior to assuming any position for which I may be employed. In the event that I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after the discovery of the false or misleading information. I understand that this application will be considered active for one year from date of submission.

I agree to the terms above: Write 'Affirm' To agree_____

Initials _____

Affirmation Date _____