



Application for Employment

3167 Cedartown Hwy SE Rome, GA 30161 (706) 295-6189 Fax: (706) 295-6098

Position applying for: _____ Date of Application: _____

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Phone Number: _____ Email Address _____

Are you a U.S. citizen? Yes _____ No _____
If no, are you an alien authorized to work in the U.S.? Yes _____ No _____

Work Experience

Employer (most recent) _____ Position(s) Worked: _____
Address _____ Department Worked: _____
City/State _____
Phone Number _____ Who was your supervisor? _____
Dates Worked From: _____ To: _____
May we contact your current employer? YES _____ NO _____
Reason for Leaving _____

Employer _____ Position(s) Worked: _____
Address _____ Department Worked: _____
City/State _____
Phone Number _____ Who was your supervisor? _____
Dates Worked From: _____ To: _____

Name _____ Position(s) Worked: _____
Address _____ Department Worked: _____
City/State _____
Phone Number _____ Who was your supervisor? _____
When did you work for this employer? From: _____ To: _____

Educational Experience

	Name & Location of School	Number of Year Attended	Did You Graduate?	Subjects Studied/ Degree Earned
High School				
College				
Trade or Business School				

Workshop Training(s): _____

Active Military Service (Branch): _____ Type of Discharge: _____

Dates of Duty:
From _____ To _____
Month Day Year Month Day Year

Rank at discharge: _____

List any experiences you have had related to this position, such as working with children, training, etc.:

Certification Information

Do you have a current Georgia teaching certificate?

Yes _____ No _____

Expiration date:

Month _____ Day _____ Year _____

Certificate type: _____

Approved teaching fields: _____

Do you have a current valid paraprofessional license?

Yes _____ No _____

Expiration date:

Month _____ Day _____ Year _____

Have you had experience with special education students?

Yes _____ No _____

If yes, describe? _____

Are you willing to work with special education students?

Yes _____ No _____

List any special distinctions, skills, qualities, abilities, interests, hobbies, and/or professional memberships which support this application:

References

Other than the supervisors you have provided above, list the references below of persons you wish our office to contact.

Name

Name

Street Address or PO Box

Street Address or PO Box

City/State/Zip

City/State/Zip

Contact Number:

Contact Number:

Relationship to Applicant

Relationship to Applicant

Signature

By filing application for employment with Northwest Georgia RESA, if employed, I agree to abide by all policies as set forth by the Northwest Georgia RESA Board of Control. I authorize full investigation of the information given in this application and consent to the representatives of Northwest Georgia RESA contacting my references, previous employers, physicians, hospitals, 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 dismissal from employment.

The application, transcript, references, and other data are the property of the Northwest Georgia RESA Board of Control and will not be returned to the applicant.

Applicant's Signature: _____

Date: _____

An Equal Opportunity Employer

Northwest Georgia RESA does not discriminate on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), parental status, age, national origin, disability, genetic information (including family medical history), political affiliation, military service, or other non-merit based factors in its educational program, activities, or employment policies.



Reference for: _____

I have applied for a position (as noted below) with Northwest Georgia RESA. I would appreciate it if you could complete this form and return it at your earliest convenience.

To: Name _____
 Address _____
 City, State, Zip _____

Position Applied For:
 Teacher
 Paraprofessional
 Technology
 Administrative
 Other _____

	No Opportunity to Observe	Poor	Fair	Average	Good	Superior
Quality of Work						
Quantity of Work						
Initiative						
Relationships with people						
Personal Appearance						
Work Habits						
Cooperation						
Interest						
Dependability						
Technical Skills						
Organizational Skills						
Compliance with Attendance Regulations/Expectations						
Care & Use of Supplies & Equipment						
Overall Evaluation						

If you had an opening for a similar position, would you employ this person? Yes_____ No_____

In what capacity do you know this person? _____
 (Use space on back if additional comments are required.)

Date: _____ Signature: _____ Position: _____

Please return this form to Human Resources at tmcperson@nwgaresa.com or Fax to (706) 295-6099.

Please do not return this form to the applicant.

This is confidential information and will not be shared with the applicant.