

**BREMEN CITY SCHOOL SYSTEM**  
**504 LAUREL STREET**  
**BREMEN, GA 30110**  
**(770) 537-5508**  
**PROFESSIONAL EMPLOYMENT APPLICATION**

**GENERAL INFORMATION**

1. In order for us to consider your application for employment, we must have all information requested. Please answer all appropriate questions completely and accurately. False or misleading information or information improperly omitted may result in denial of the application for employment or termination of employment.
2. This application is required for all certified and administrative positions. It is not a contract of employment. Any offer of employment requires prior approval of the Board of Education.
3. PRINT all information EXCEPT handwritten Section V.
4. You must enclose transcripts from all colleges attended with this application.
5. You must enclose a copy of your most recent annual evaluation if you are an experienced teacher.
6. You must sign the application on the last page (Section X).
7. Georgia law requires fingerprinting of newly employed certified personnel.
8. The enclosed letter should be reviewed as you complete this application.

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
*FIRST MIDDLE MAIDEN LAST NAME*

PRESENT ADDRESS \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*STREET CITY STATE ZIP CODE PHONE*

PERMANENT ADDRESS \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*STREET CITY STATE ZIP CODE PHONE*

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE STATE OF GEORGIA AND THE UNITED STATES OF AMERICA? YES ( ) NO ( )

**SECTION I**

In column 1 below, indicate the position(s) for which you are applying in order of preference. In the second column, indicate the subject(s), grade level(s) or department preferred.

Position(s) Desired ( <b>Example:</b> Teacher, Principal, Guidance, M.I.S.)	Level(s)	Subject	Department
1.			
2.			
3.			
4.			

List extracurricular position(s) for which you wish to apply in order of preference.

1.	3.
2.	4.

*It is the policy of the Bremen City Board of Education not to discriminate on the basis of age, sex, race, color, religion, national origin or other legally-protected status in its educational programs, activities, or employment practices.*

## SECTION II-EMPLOYMENT RECORD

LIST ALL PREVIOUS EXPERIENCE, NO MATTER HOW BRIEF, BEGINNING WITH MOST RECENT. Include current educational and non-educational work experience. A resume cannot substitute for this information. Please explain any break in employment. Please include the reason you are considering leaving your current employment, if currently employed.

Dates	Grade/Subject or Position	Name and Complete Address of Employer - Include zip codes	Reason for Leaving

Total years teaching experience: \_\_\_\_\_ (Must complete 120 contract days in a regionally accredited institution to be given credit for one year experience.)

HAVE YOU EVER SERVED IN THE MILITARY?  YES  NO

### MILITARY SERVICE:

Branch of Service: \_\_\_\_\_ Dates From/To \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Type of Discharge:\* \_\_\_\_\_

\*A dishonorable or general discharge will not necessarily prohibit employment.

## SECTION III - EDUCATIONAL/PROFESSIONAL PREPARATION - List every college attended.

Name of Institution	Dates From / To	Degree Earned	Major	Minor

1. \_\_\_\_\_  
Name of school where you student taught      dates from      until      Name of college supervisor

Address of school where you student taught      subject      grade level      Name of cooperating teacher

UNDERGRADUATE G.P.A. \_\_\_\_\_

## SECTION IV - STUDENT TEACHING

Will you complete or have you completed student teaching?  YES  NO

If you have completed student teaching within the last five years, please provide the following information:

School Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

2. \_\_\_\_\_  
Name of school where you student taught      dates from      until      Name of college supervisor

Address of school where you student taught      subject      grade level      Name of cooperating teacher

School Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**SECTION V - PROFESSIONAL EXPERIENCE**

Describe professional experiences that you feel have significantly contributed to your preparation for the position you seek. Complete this in your own handwriting.

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**SECTION VI - PROFESSIONAL INFORMATION**

Are you currently under contract with another school district?  YES  NO If yes, name of district:

\_\_\_\_\_

Have you acquired tenure in the State of Georgia?  YES List District(s) \_\_\_\_\_

NO Please explain: \_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>YES</b>               | <b>NO</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | failed to have a contract renewed with a school system?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | been dismissed from employment with a school system?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | been asked to resign?  |
| <input type="checkbox"/> | <input type="checkbox"/> | had a teaching credential denied, revoked or suspended in any state?       |
| <input type="checkbox"/> | <input type="checkbox"/> | received an annual unsatisfactory performance evaluation from an employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | received an annual unsatisfactory performance evaluation from an employer? |

*IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, YOU MUST ATTACH AN EXPLANATION*

\_\_\_\_\_

**SECTION VII - PERSONAL INFORMATION**

Have you ever been convicted of, or pleaded nolo contendere to, a violation of any federal, state, county or municipal law, regulation or ordinance? **YOU MUST INCLUDE ANY OFFENSE FOR WHICH A FINE OF \$100 OR MORE WAS IMPOSED. DO NOT INCLUDE ANY OFFENSE THAT OCCURRED BEFORE YOUR EIGHTEENTH BIRTHDAY.** A conviction or plea of nolo contendere is not an automatic bar to employment.

YES  NO

If YES, complete:

Type of Offense	Date	Name of Law Enforcement Authority	Disposition (Outcome)

## SECTION VIII - CERTIFICATION INFORMATION

Please enclose copies of all certificates held.

YES NO

1. Do you presently hold a valid Georgia teaching certificate? If yes,  
Subject(s)/Grade(s) \_\_\_\_\_ Expiration Year \_\_\_\_\_
2. Have you held a Georgia Certificate that is now expired? \_\_YES \_\_NO
3. Have you passed the Georgia Teacher Certification test? Date \_\_\_\_\_ Field \_\_\_\_\_  
Praxis II Test? Date \_\_\_\_\_ Field \_\_\_\_\_
4. Have you held a probationary (PAT) or Provisional (BT) Georgia Certificate?
5. Do you hold a valid certificate from another state? State \_\_\_\_\_ Expiration Year \_\_\_\_\_  
Field \_\_\_\_\_

## SECTION IX - REFERENCES

You must list the most recent principal or supervisor under whom you have worked beginning with your most recent experience. Beginning teachers must include cooperating teacher, college supervisor, and/or professors. **Do not include neighbors, friends, or relatives.**

**REFERENCES ARE CONSIDERED PRIVATE INFORMATION AND WILL NOT BE DISCLOSED TO THE APPLICANT OR ANY MEMBER OF THE PUBLIC UNLESS REQUIRED BY LAW. THE SCHOOL SYSTEM WILL ACCEPT THEM ONLY FROM THE PERSON COMPLETING THE REFERENCE FORM. THE SCHOOL SYSTEM MAY ELECT TO CHECK ADDITIONAL REFERENCES.**

- 1) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Title Telephone: Work Telephone: Home  
Street City State Zip
- 2) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Title Telephone: Work Telephone: Home  
Street City State Zip
- 3) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Title Telephone: Work Telephone: Home  
Street City State Zip
- 4) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Title Telephone: Work Telephone: Home  
Street City State Zip

## SECTION X - APPLICANT'S AUTHORIZATION STATEMENT

READ AND SIGN THE FOLLOWING STATEMENT AFTER COMPLETING THE APPLICATION.

I understand that the application, transcript, references, and other data are the property of the Bremen City School System and cannot be returned. By filing application for employment with the Bremen City School System, I agree if employed, to abide by all the policies as set forth, or as enacted or revised in the future, by the Bremen City School System. I authorize full investigation of the information given in this application and consent to the representatives of the Bremen City School System contacting my references, and any other individuals in the sole discretion of those representatives. I understand that the Bremen City School System may investigate sources of references other than those given in this application. I understand that all references will be considered private information and will not be disclosed unless required by law. I authorize and agree to cooperate in pre-employment drug screening, medical examinations, or other investigation upon which my employment may be conditioned. I hereby release previous employers and other individuals contacted from any liability for any damages resulting from release of information in connection with this application. I understand that nothing in this employment application, in the statements or policies of the Bremen City School System or the Bremen City Board of Education, or in my communications with any System or Board Official is intended to create an employment contract. No promises of employment have been made to me. I also understand that any misstatement, misleading statement, or omission of any information requested shall be a reason for nonemployment or dismissal from employment.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_