



Bremen City Schools

Excellence In All We Do

David J. Hicks, *Superintendent*
Daryl Sellers, *Board Chairperson*

Dear Applicant:

Thank you for your interest in the Bremen City School System. Please review the application carefully and follow the directions for each section. The enclosed reference forms (three) are to be distributed, completed, and returned directly to Bremen City Schools. These references are confidential. The school system will accept them only from the person completing the reference form. We may also elect to check additional references which are beyond those you have provided.

In order to be considered for employment in the Bremen City School System, the following must be completed:

1. Application completed as outlined in each section.
2. All information requested is included in application.
3. Transcript(s) from all colleges attended.
4. Three reference forms received. Beginning teachers may use their placement file.
5. Statement of authorization signed, dated, and returned.

When vacancies are determined, applications are evaluated according to the needs of these positions. In reviewing applications, grades are considered along with references from previous employers, the strength of the overall application, and identified school system needs. Selected applicants will be requested to come to the Bremen City Schools central office or to the appropriate school for an interview(s).

Applications remain in our active file for one year. If you wish to be considered for employment after this time, you must contact us by letter at 501 Pacific Avenue, Bremen, GA 30110.

Again, thank you for your interest in our school system. We look forward to receiving your application.

Sincerely,

A handwritten signature in blue ink, appearing to read 'D. J. Hicks', is written over a light blue circular stamp.

David J. Hicks
Superintendent

Bremen City Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

501 Pacific Avenue • Bremen, Georgia 30110
Telephone (770) 537-5508 • Fax (770) 537-0610

BREMEN CITY SCHOOL SYSTEM
501 PACIFIC AVENUE
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 NAME MIDDLE NAME MAIDEN NAME LAST NAME

PRESENT ADDRESS _____ (_____) _____
 STREET CITY STATE ZIP PHONE NUMBER

PERMANENT ADDRESS _____ (_____) _____
 STREET CITY STATE ZIP PHONE NUMBER

WORK PHONE () _____ DATE AVAILABLE FOR EMPLOYMENT _____

ARE YOU LEAGALLY 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 (Example; 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.	2.
3.	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 _____ Dates _____ Highest _____ Type of _____
 Service: _____ from/to: _____ Rank: _____ 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

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:

- _____

Name of school where you student taught dates to/from Name of college supervisor

Address or 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.

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 NO List Districts _____

If no, please explain _____

HAVE YOU EVER:

YES NO

- failed to have a contract renewed with a school system?
- been dismissed from employment with a school system?
- been asked to resign?
- had a teaching credential denied, revoked or suspended in any state?
- received an annual unsatisfactory performance evaluation from an employer?
- been placed on disciplinary probation or been suspended from any position?

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 certification 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?
- 3. Have you passed the Georgia Teacher Certification test (GACE)? Date _____ Field _____
Praxis II? 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 Work Phone Home Phone

_____ *Street City State Zip*

2. _____ () _____ ()
Name Title Work Phone Home Phone

_____ *Street City State Zip*

3. _____ () _____ ()
Name Title Work Phone Home Phone

_____ *Street City State Zip*

4. _____ () _____ ()
Name Title Work Phone Home Phone

_____ *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 Schools 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 or 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 non-employment or dismissal from employment.**

APPLICANT’S SIGNATURE _____ DATE _____

CONFIDENTIAL DOCUMENT

BREMEN CITY SCHOOLS
David J. Hicks, Superintendent
501 Pacific Avenue
Bremen, GA 30110

TO: Name _____ Address _____

Phone _____

The applicant listed below has applied for a position in the Bremen City School System. All information will be treated confidentially and used in a professional manner. Please complete this form and return it immediately to the Bremen City School System.

Applicant's Name _____ Certification Area _____

	Superior	Above Average	Average	Below Average	Poor	Not Observed
Plans and prepares work effectively						
Adaptability						
Speaks effectively and correctly						
Displays subject matter competency						
Utilizes a variety of teaching methods and skills						
Exercises appropriate pupil control and classroom management techniques						
Works well with others and shows good judgment, tact, and a willingness to assist						
Maintains positive relationships with parents						
Varies teaching to the ability levels of students						
Motivates pupils, gains confidence and establishes rapport						
Fulfills responsibility in a dependable manner						
Demonstrates commitment to teaching and a professional attitude						
Utilizes self-control and sound judgment						
GENERAL EVALUATION						

How would you recommend the applicant? Enthusiastically With reservation Do not recommend

To the best of your knowledge has this person been denied a contract? _____

In what relationship have you known the applicant? Former student Co-worker Former employee Other

How long have you known the applicant? _____ Approximate days absent each year? _____

If you had an opening in your school for a similar position, would you employ this person? Yes Probably No

Would you want this person teaching your child? Yes Probably No

Should we telephone you for additional information? Yes No

Comments:

Signature

Official position

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 David J. Hicks, Superintendent
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Comments:

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_____ Official position



Bremen City Schools

A Quality Balanced Education With The Personal Touch

Dr. David Hicks, *Superintendent*

Mr. Daryl Sellers, *Board Chairperson*

PROSPECTIVE EMPLOYEE STATEMENT OF AUTHORIZATION Certified and Classified Positions

I understand that in the event I am offered a position with the Bremen City School System, I will be required to be fingerprinted and have a criminal background check in accordance with the Official Code of Georgia Annotated 20-2-211(E)(1).

I further understand I am responsible for the \$50.00 processing fee associated with the criminal background check. This fee must be paid by cash, cashier check or money order made payable in advance of fingerprinting to the Tallapoosa Police Department. **Contact Mark Worthy at 770-574-7211 to schedule fingerprinting.**

I agree and consent for such a background check and investigation to be conducted and agree to hold harmless the school system and all officials, representatives, and employees of the foregoing from any and all claims which may arise from the school district's use of information obtained from the criminal background check.

I further understand that effective 1/1/1995 if I am offered a position that requires a Commercial Driver's License (CDL) that I will be subject both initially and randomly to alcohol and drug screening in accordance with O.C.G.A. 20-2-1120 through 20-2-1122.

I hereby authorize the Bremen Board of Education to receive any criminal background history pertaining to me which may be in the files of any state, or criminal agency in Georgia.

Name (Print or Type)

Address

City, State, Zip

Sex

Race

Date/Birth

Social Security Number

Applicant Signature

Date

Notary Signature/Seal/Expiration of Commission

Date