

# Bremen City Board of Education

501 Pacific Avenue  
Bremen, Georgia 30110

## Non-Certified Application for Employment

### 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. You must enclose a copy of diplomas from all schools and colleges attended with this application.
3. Local policy requires a criminal background check of newly employed personnel.

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
*First Middle Last Maiden*

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you legally authorized to work in the state of Georgia and the

United States of America? Yes \_\_\_\_\_ No \_\_\_\_\_

Position(s) for which you are applying \_\_\_\_\_  
\_\_\_\_\_

Your Current Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Position \_\_\_\_\_

Your immediate past employer \_\_\_\_\_

Date of high school completion \_\_\_\_\_ Date of GED completion \_\_\_\_\_

Date of college completion \_\_\_\_\_ Name of college \_\_\_\_\_

Diplomas \_\_\_\_\_

Comments \_\_\_\_\_

Do you have a valid teaching certificate? \_\_\_\_\_ Do you have a valid paraprofessional license? \_\_\_\_\_

**(PLEASE ATTACH A CURRENT RESUME.)**

Have you attended a substitute teacher workshop? \_\_\_\_\_

Where? \_\_\_\_\_

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.

Additional educational or work related experience \_\_\_\_\_

\_\_\_\_\_

Why do you want to work for the Bremen City School System? \_\_\_\_\_

\_\_\_\_\_

Have you ever:

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | been dismissed from employment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | been asked to resign?  |
| <input type="checkbox"/> | <input type="checkbox"/> | received an annual unsatisfactory performance evaluation from an employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.*

**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)

**REFERENCES:**

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

**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 the 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 non-employment or dismissal from employment.**

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

For office use only:  R C B H O  S M F
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# 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