



GWINNETT COUNTY PUBLIC SCHOOLS

an equal opportunity employer

RETURN TO:
Human Resources-Classified Staffing
Gwinnett County Public Schools
437 Old Peachtree Road, NW
Suwanee, Georgia 30024

APPLICATION FOR CLASSIFIED & SUBSTITUTE EMPLOYMENT

1. PERSONAL DATA (PLEASE PRINT)

Date _____ Social Security Number: _____

Name _____
Last First Middle

Address _____
Street City State Zip () ()
Area Work phone Area Home Phone

E-mail Address _____

2. DESIRED EMPLOYMENT

<p>Classified Employment - I am interested in a Classified Position <input type="checkbox"/> (check)</p> <p><input type="checkbox"/> Regular Education Parapro <input type="checkbox"/> Custodian</p> <p><input type="checkbox"/> Special Education Parapro <input type="checkbox"/> School Food Service</p> <p><input type="checkbox"/> Bus Driver <input type="checkbox"/> Secretary</p> <p><input type="checkbox"/> Bus Monitor <input type="checkbox"/> Clerical</p> <p><input type="checkbox"/> Technology Support <input type="checkbox"/> Bookkeeper</p> <p>OTHER/or: _____ (Title of advertised or announced position)</p> <p>Available: ___ Full Time ___ Part Time ___ Evenings ___ Temporary</p>	<p>Substitute Employment - I am interested in a Substitute Position <input type="checkbox"/> (check)</p> <p><input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Paraprofessional *</p> <p><input type="checkbox"/> Clerical</p> <p><input type="checkbox"/> School Food Service</p> <p><input type="checkbox"/> Custodian</p> <p><input type="checkbox"/> Interpreter for the hearing impaired</p> <p><input type="checkbox"/> Clinic</p> <p>* Kindergarten, Readiness and Special Ed only</p>
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Do you have a teaching application on file? YES NO

Do you hold a valid or expired professional teaching certificate? YES NO (If yes, please include a copy)

3. SCHOOL LOCATIONS (Check the location(s) where you wish to be considered, maximum 20 schools)

<p>Berkmar Cluster</p> <p><input type="checkbox"/> 125 Berkmar High</p> <p><input type="checkbox"/> 127 Berkmar Middle</p> <p><input type="checkbox"/> 930 Sweetwater Middle</p> <p><input type="checkbox"/> 155 Alford Elem.</p> <p><input type="checkbox"/> 115 Benefield Elem.</p> <p><input type="checkbox"/> 150 Bethesda Elem.</p> <p><input type="checkbox"/> 979 Corley Elem.</p> <p><input type="checkbox"/> 495 Kanhoda Elem.</p> <p><input type="checkbox"/> 645 Minor Elem.</p>	<p>Collins Hill Cluster</p> <p><input type="checkbox"/> 295 Collins Hill High</p> <p><input type="checkbox"/> 296 Creekland Middle</p> <p><input type="checkbox"/> 400 Dyer Elem.</p> <p><input type="checkbox"/> 635 McKendree Elem.</p> <p><input type="checkbox"/> 801 Rock Springs Elem.</p> <p><input type="checkbox"/> 935 Taylor Elem.</p> <p><input type="checkbox"/> 975 Walnut Grove Elem.</p>	<p><input type="checkbox"/> 293 Cooper Elem.</p> <p><input type="checkbox"/> 425 Grayson Elem.</p> <p><input type="checkbox"/> 780 Pharr Elem.</p>	<p>Meadowcreek Cluster</p> <p><input type="checkbox"/> 640 Meadowcreek High</p> <p><input type="checkbox"/> 625 Lilburn Middle</p> <p><input type="checkbox"/> 637 Radloff Middle</p> <p><input type="checkbox"/> 490 Hopkins Elem.</p> <p><input type="checkbox"/> 600 Lilburn Elem.</p> <p><input type="checkbox"/> 638 Meadowcreek Elem.</p> <p><input type="checkbox"/> 660 Nesbit Elem.</p> <p><input type="checkbox"/> 800 Rockbridge Elem.</p>	<p>North Gwinnett Cluster</p> <p><input type="checkbox"/> 725 North Gwinnett High</p> <p><input type="checkbox"/> 525 Lanier Middle</p> <p><input type="checkbox"/> 728 Level Creek Elem.</p> <p><input type="checkbox"/> 798 Riverside Elem.</p> <p><input type="checkbox"/> 875 Sugar Hill Elem.</p> <p><input type="checkbox"/> 925 Suwanee Elem.</p> <p><input type="checkbox"/> 940 Sycamore Elem.</p>	<p>Shiloh Cluster</p> <p><input type="checkbox"/> 810 Shiloh High</p> <p><input type="checkbox"/> 815 Shiloh Middle</p> <p><input type="checkbox"/> 090 Annistown Elem.</p> <p><input type="checkbox"/> 250 Centerville Elem.</p> <p><input type="checkbox"/> 760 Partee Elem.</p> <p><input type="checkbox"/> 805 Shiloh Elem.</p>
<p>Brookwood Cluster</p> <p><input type="checkbox"/> 185 Brookwood High</p> <p><input type="checkbox"/> 410 Five Forks Middle</p> <p><input type="checkbox"/> 299 Crews Middle</p> <p><input type="checkbox"/> 180 Brookwood Elem.</p> <p><input type="checkbox"/> 298 Craig Elem.</p> <p><input type="checkbox"/> 430 Gwin Oaks Elem.</p> <p><input type="checkbox"/> 480 Head Elem.</p>	<p>Dacula Cluster</p> <p><input type="checkbox"/> 325 Dacula High</p> <p><input type="checkbox"/> 310 Dacula Middle</p> <p><input type="checkbox"/> 978 Alcovia Elem.</p> <p><input type="checkbox"/> 300 Dacula Elem.</p> <p><input type="checkbox"/> 445 Harbins Elem.</p>	<p>Mill Creek Cluster</p> <p><input type="checkbox"/> 643 Mill Creek High</p> <p><input type="checkbox"/> 494 Jones Middle</p> <p><input type="checkbox"/> 442 Osborne Middle</p> <p><input type="checkbox"/> 443 Duncan Creek Elem.</p> <p><input type="checkbox"/> 415 Fort Daniel Elem.</p> <p><input type="checkbox"/> 420 Freeman's Mill Elem.</p> <p><input type="checkbox"/> 450 Harmony Elem.</p> <p><input type="checkbox"/> 463 Ivy Creek Elem.</p>	<p>Parkview Cluster</p> <p><input type="checkbox"/> 750 Parkview High</p> <p><input type="checkbox"/> 950 Trickum Middle</p> <p><input type="checkbox"/> 095 Arcado Elem.</p> <p><input type="checkbox"/> 200 Camp Creek Elem.</p> <p><input type="checkbox"/> 500 Knight Elem.</p> <p><input type="checkbox"/> 650 Mountain Park Elem.</p>	<p>South Gwinnett Cluster</p> <p><input type="checkbox"/> 850 South Gwinnett High</p> <p><input type="checkbox"/> 825 Snellville Middle</p> <p><input type="checkbox"/> 175 Britt Elem.</p> <p><input type="checkbox"/> 628 Magill Elem.</p> <p><input type="checkbox"/> 730 Norton Elem.</p>	<p>Other Locations</p> <p><input type="checkbox"/> 195 Buchanan School</p> <p><input type="checkbox"/> 876 Buice Pre-K Center</p> <p><input type="checkbox"/> 438 GIVE Center East</p> <p><input type="checkbox"/> 496 GIVE Center West</p> <p><input type="checkbox"/> 485 Hooper Renwick</p> <p><input type="checkbox"/> 225 Maxwell HS of Technology</p> <p><input type="checkbox"/> 196 Monarch School</p> <p><input type="checkbox"/> 740 Oakland Special Education Center</p> <p><input type="checkbox"/> 439 Phoenix High</p> <p><input type="checkbox"/> 000 Central Office</p> <p><input type="checkbox"/> 999 All Locations</p>
<p>Central Gwinnett Cluster</p> <p><input type="checkbox"/> 275 Central Gwinnett High</p> <p><input type="checkbox"/> 795 Richards Middle</p> <p><input type="checkbox"/> 240 Cedar Hill Elem.</p> <p><input type="checkbox"/> 277 Holt Elem.</p> <p><input type="checkbox"/> 550 Lawrenceville Elem.</p> <p><input type="checkbox"/> 818 Simonton Elem.</p>	<p>Duluth Cluster</p> <p><input type="checkbox"/> 350 Duluth High</p> <p><input type="checkbox"/> 375 Duluth Middle</p> <p><input type="checkbox"/> 120 Berkeley Lake Elem.</p> <p><input type="checkbox"/> 280 Chattahoochee Elem.</p> <p><input type="checkbox"/> 355 Chesney Elem.</p> <p><input type="checkbox"/> 475 Harris Elem.</p>	<p>Norcross Cluster</p> <p><input type="checkbox"/> 700 Norcross High</p> <p><input type="checkbox"/> 790 Pinckneyville Middle</p> <p><input type="checkbox"/> 900 Summerour Middle</p>	<p>Peachtree Ridge Cluster</p> <p><input type="checkbox"/> 855 Peachtree Ridge High</p> <p><input type="checkbox"/> 492 Hull Middle</p> <p><input type="checkbox"/> 493 Jackson Elem.</p> <p><input type="checkbox"/> 630 Mason Elem.</p> <p><input type="checkbox"/> 853 Parsons Elem.</p>		

4. FOR OFFICE USE:

Federal Tax _____	State Tax _____	DE _____ Date _____	Appr _____ Date _____
Educ. Rank _____	Cert. Type _____	RK _____ Date _____	N. Appr _____ Date _____
Exp. Date _____ Field _____		CBC Date _____ CBC Date _____	ATC _____ Date _____

5. EDUCATION

Are you a high school graduate? Yes No Do you hold a GED? Yes No

If "no" to above questions, please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Schools (list high school first)	City/State	Dates	Field of Study or degree/diploma

List specific skills/technology and software training: _____

_____ Typing _____ WPM Shorthand _____ WPM

List languages, other than English, that you speak: _____

List certificates/licenses: _____

6. OTHER INFORMATION

1. Are you at least 18 years of age? Yes No

2. Have you ever worked for Gwinnett County Public Schools? Yes No

If "yes," Job Title: _____ Dates of Employment: _____ to _____

Location(s) _____

3. Have you ever been terminated or resigned in lieu of termination from an employment position? Yes No

If "yes," explain briefly _____

Employer (Company) Name: _____

4. Are you currently employed? Yes No

If "yes," may current employer be contacted for verification? Yes No

If "no," state reason(s): _____

5. Are you legally authorized to work in the United States? Yes No

6. Will you now or in the future require sponsorship for employment visa status (e.g., H1B status)? Yes No

7. Are you currently receiving monthly benefits from a State of Georgia or GCPS retirement system? Yes No

Answer each of the following with a "Yes" or "No." You MUST attach an explanation (your statement of what occurred) and documentation (court documents, termination letters, final orders, etc.) to this application.

8. Have you resigned or been discharged from any position, including the Armed Forces, while under suspicion of having engaged in criminal, immoral, or unprofessional conduct, or are you now under investigation for any such charge or have you resigned in lieu of being discharged? Yes No

9. Have you ever been placed on disciplinary probation or have you been suspended from a college or university? Yes No

10. Have you ever surrendered an educator or teaching certificate/credential/license/permit, or had one denied, revoked, suspended, or is any investigation or adverse action now pending against you? Yes No

11. Have you ever been convicted of any felony or misdemeanor or have you ever pled *nolo contendere* or are you now under investigation for any such offense, other than a minor traffic offense? For the purpose of this application, Driving Under the Influence (DUI), Driving While Intoxicated (DWI) and Boating While Intoxicated (BWI) must be reported. Yes No

12. Have you ever had any disciplinary action taken against you by a previous employer, including written reprimand, suspension, demotion, non-renewal, termination or any other form of disciplinary action in any state or country? Yes No

13. Have you ever been investigated for allegations of sexual harassment? Yes No

14. Have you ever been accused and investigated for a crime of child abuse or physical abuse? Yes No

15. Have you ever been investigated for any act of discrimination on account of race, color, gender, religion, age, national origin, or handicapping condition? Yes No

7. WORK HISTORY: Begin with most recent job/work history

Employer _____ From _____ To _____
(month/year) (month/year)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor's Name/Title: _____

Reason for leaving: _____

List job title and duties/responsibilities/skills: _____

Employer _____ From _____ To _____
(month/year) (month/year)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor's Name/Title: _____

Reason for leaving: _____

List job title and duties/responsibilities/skills: _____

Employer _____ From _____ To _____
(month/year) (month/year)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor's Name/Title: _____

Reason for leaving: _____

List job title and duties/responsibilities/skills: _____

Employer _____ From _____ To _____
(month/year) (month/year)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor's Name/Title: _____

Reason for leaving: _____

List job title and duties/responsibilities/skills: _____

Employer _____ From _____ To _____
(month/year) (month/year)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor's Name/Title: _____

Reason for leaving: _____

List job title and duties/responsibilities/skills: _____

Please make additional copies if necessary.

8. EXPLANATION OF LIMITED WORK HISTORY— Include years not employed

Please give reason(s) for limited work history or prolonged lapse in employment, giving dates and place(s) of residence:

9. VOLUNTEER HISTORY

(List any volunteer history that will assist us in assessing your experience in working with children.)

From (Date)	To (Date)	Type of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. STATEMENT OF QUALIFICATIONS

In your handwriting, please write a brief statement explaining why you are uniquely qualified for a position with the school district.

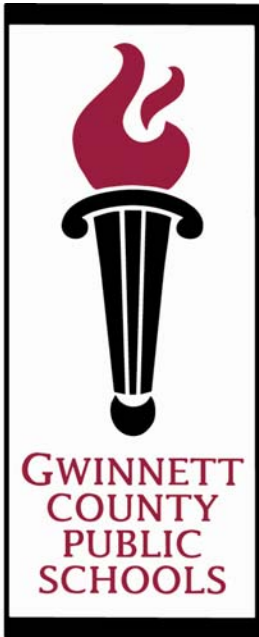
11. SIGN AND DATE

PLEASE READ CAREFULLY THEN SIGN AND DATE.

I hereby declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application shall be a reason for non-employment or for discharge from employment, if hired. I understand written references will be confidential and that I will not have access to written evaluations, references, and opinions.

I understand that if I am employed with Gwinnett County Public Schools my services will be non-contracted in nature. Non-contracted employees and their employers have an at-will employment relationship. At-will means the employment relationship can be terminated at any time or without cause by either the employee or employer. I also understand that I will be subject to a criminal background check. Substitutes work on an as needed basis only. I also understand that, as a Substitute, I am not eligible for benefits.

SIGNATURE OF APPLICANT _____ DATE _____



To: New Applicants for Paraprofessional Positions
From: Human Resources Division – Classified Applications
Date: August 24, 2006
Subject: Georgia Paraprofessional Assessment

In January 2002, President George Bush reauthorized the Elementary and Secondary Education Act (ESEA) by the *No Child Left Behind Act of 2001*. This act established certain federal qualifications for the hiring of paraprofessionals. Under these qualifications, paraprofessional applicants must meet one of the following criteria:

- 1) Completion of at least two years (60 semester/90 quarter hours) of study at an institution of higher education (regionally-accredited);
OR
- 2) Obtained an associate's or higher degree;
OR
- 3) Ability to demonstrate through a formal state assessment, knowledge of, and the ability to assist in instructing reading, writing and math skills through a formal state assessment.

**BOARD OF
EDUCATION**
Dr. Robert McClure,
Chairman
Louise Radloff,
Vice Chairman
Carole Boyce
Dr. Mary Kay Murphy
Daniel D. Seckinger

J. Alvin Wilbanks,
CEO/Superintendent

**THE MISSION OF
GWINNETT COUNTY
PUBLIC SCHOOLS**
*is to pursue excellence
in academic knowledge,
skills, and behavior
for each student,
resulting in measured
improvement against
local, national, and
world-class standards.*

If you have completed 60 semester/90 quarter hours of higher education, you must send a copy of your college transcript(s) to document that you have met this requirement. If you do not have the requisite hours, you will need to provide documentation that you have passed the state assessment.

Information on registration deadlines and locations can be obtained at <http://www.gace.nesinc.com>.

Please submit your transcript(s)/state assessment report, along with your employment application materials to:

Classified Applications - Paraprofessionals
Gwinnett County Public Schools
Human Resources Department
437 Old Peachtree Road
Suwanee, GA 30024



GWINNETT COUNTY PUBLIC SCHOOLS
Division of Human Resources
437 Old Peachtree Road, NW, Suwanee, GA 30024
CONFIDENTIAL REFERENCE FORM
Part I- To Be Completed By Applicant

FAX 678-301-6101

Applicant's Name Please Print	Reference's Name Please Print
(Last) _____ (First) _____ (MI) _____	(Last) _____ (First) _____
Applicant Social Security Number _____	Company Name _____
Applicant Address _____	Company Address _____
City/State/Zip _____	City/State/Zip _____
Email Address _____	Email Address _____

I authorize you to provide the Gwinnett County Public Schools with information regarding my suitability for employment. I understand the information supplied is confidential and will not be shared with me. I waive all rights of examination.

_____ **Position Applied for** _____ **Applicant's Signature/Date**

Part 2 – To Be Completed By Reference

The individual named above has applied for a position in the Gwinnett County Public Schools and has listed you as a reference. Please complete the following sections and return this reference form to the address listed above as quickly as possible or you may FAX this reference form to **(678) 301-6101**. Place an 'X' in the appropriate column or N/A if you do not have adequate knowledge or if the trait is not applicable for the position. **PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.**

TRAITS	SUPERIOR (TOP 5%)	ABOVE AVERAGE (NEXT 20%)	AVERAGE (NEXT 50%)	BELOW AVERAGE (LOWER 25%)	NOT OBSERVED
Supports the organization's mission and beliefs					
Has high expectations of all students/others					
Provides quality, engaging work to students/others					
Learns new skills easily					
Monitors progress and modifies instruction as needed					
Exhibits leadership qualities and initiative					
Demonstrates continuous professional growth					
Embraces change as opportunity for growth					
Communicates effectively and professionally					
Demonstrates trustworthiness and loyalty					
Effective team member					
Exhibits positive attitude, tact, and self control					
Competence in area of expertise					
Competence in classroom/organizational management					
Adheres to policies, procedures and rules					
Timeliness, attendance and punctuality					
Uses appropriate verbal and communication skills					
Uses appropriate written and communication skills					

OVERALL EVALUATION					
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COMMENTS

- Date of employment or time you have known applicant: **FROM:** Month ____/Year ____ **TO:** Month ____/Year ____
- Applicant's** position or job title at the time of employment: _____
- Your title/position at the time you supervised this applicant: _____
- Would you hire this applicant to work with or near your child/other children? Yes No Would you rehire this applicant? Yes No
- Why did the applicant leave your employment? _____
- Would you prefer us to call for additional information? Yes No Telephone Number: () _____
- Please check all that apply:** _____ **CURRENT/FORMER EMPLOYER** _____ **COLLEGE PROFESSOR** _____ **SUPERVISING TEACHER** _____ **PERSONAL**

Reference's Signature _____ Date _____

Organization Name/City State _____



GWINNETT COUNTY PUBLIC SCHOOLS
Division of Human Resources
437 Old Peachtree Road, NW, Suwanee, GA 30024
CONFIDENTIAL REFERENCE FORM
Part I- To Be Completed By Applicant

FAX 678-301-6101

Applicant's Name Please Print	Reference's Name Please Print
(Last) _____ (First) _____ (MI) _____	(Last) _____ (First) _____
Applicant Social Security Number _____	Company Name _____
Applicant Address _____	Company Address _____
City/State/Zip _____	City/State/Zip _____
Email Address _____	Email Address _____

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OVERALL EVALUATION					
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- Why did the applicant leave your employment? _____
- Would you prefer us to call for additional information? Yes No Telephone Number: () _____
- Please check all that apply:** _____ **CURRENT/FORMER EMPLOYER** _____ **COLLEGE PROFESSOR** _____ **SUPERVISING TEACHER** _____ **PERSONAL**

Reference's Signature _____ Date _____ Organization Name/City State _____

PROCEDURES FOR OBTAINING REFERENCES

Non teaching Positions

Give one of the reference forms to your current supervisor and the other form(s) to supervisors from your previous jobs. If you have limited or no previous work experience, then the reference forms should be given to individuals who can provide the most accurate information about your work abilities. **All Classified applicants must provide two (2) supervisory references.**

The reference forms should not be returned to you. The evaluator is asked to complete the forms and return them to the Division of Human Resources.

Gwinnett County Public Schools

GCIC Consent Form

I hereby authorize Gwinnett County Public Schools to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT

COMPLETE ALL INFORMATION

(Forms can not be accepted with changes, strikethroughs or white out/liquid paper)

Full Name (Print) _____
Last First Middle Maiden

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____ Sex _____

Race: You **must** select one of the five Origin categories as listed per the National Crime Information Center

___ White

___ American Indian or Alaskan Native

___ Black

___ Asian or Pacific Islander

___ Unknown

Ethnicity (Optional)

___ Hispanic

Special Employment Provisions: Employment with children (purpose code 'W')

This authorization is valid for 180 days from date of signature.

The Gwinnett County Public Schools does not provide notary services. Your application will not be considered complete until this form is properly completed and notarized. **PLEASE RETURN ALL COPIES. If this form is not received with application, no file will be established.** This form is not for interview purposes and will be removed from the application file by employer and filed separately.

Signature (In presence of Notary)

Date

Notary

(Seal)

Date

Gwinnett County Public Schools
GCIC Consent Form

I hereby authorize Gwinnett County Public Schools to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT

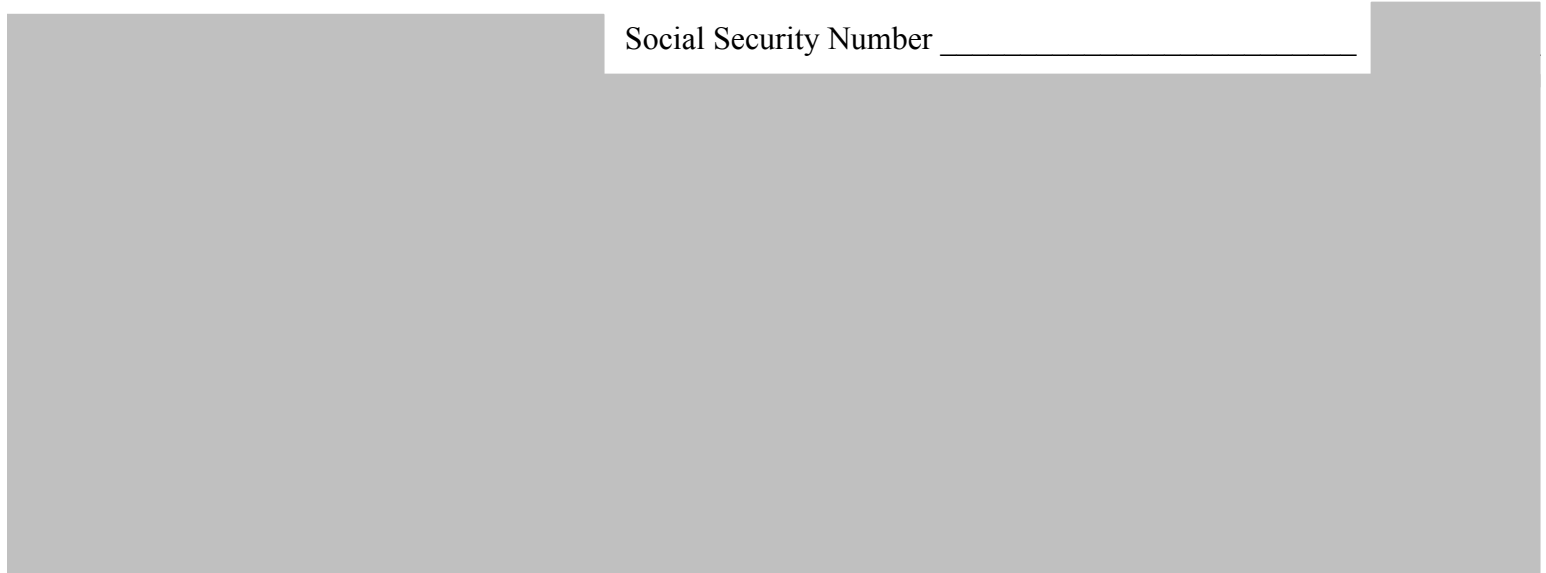
COMPLETE ALL INFORMATION

(Forms can not be accepted with changes, strikethroughs or white out/liquid paper)

Full Name (Print) _____
Last First Middle Maiden

Address _____ City _____ State _____ Zip _____

Social Security Number _____



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Signature (In presence of Notary)

Date

Notary (Seal)

Date

Gwinnett County Public Schools

GCIC Consent Form

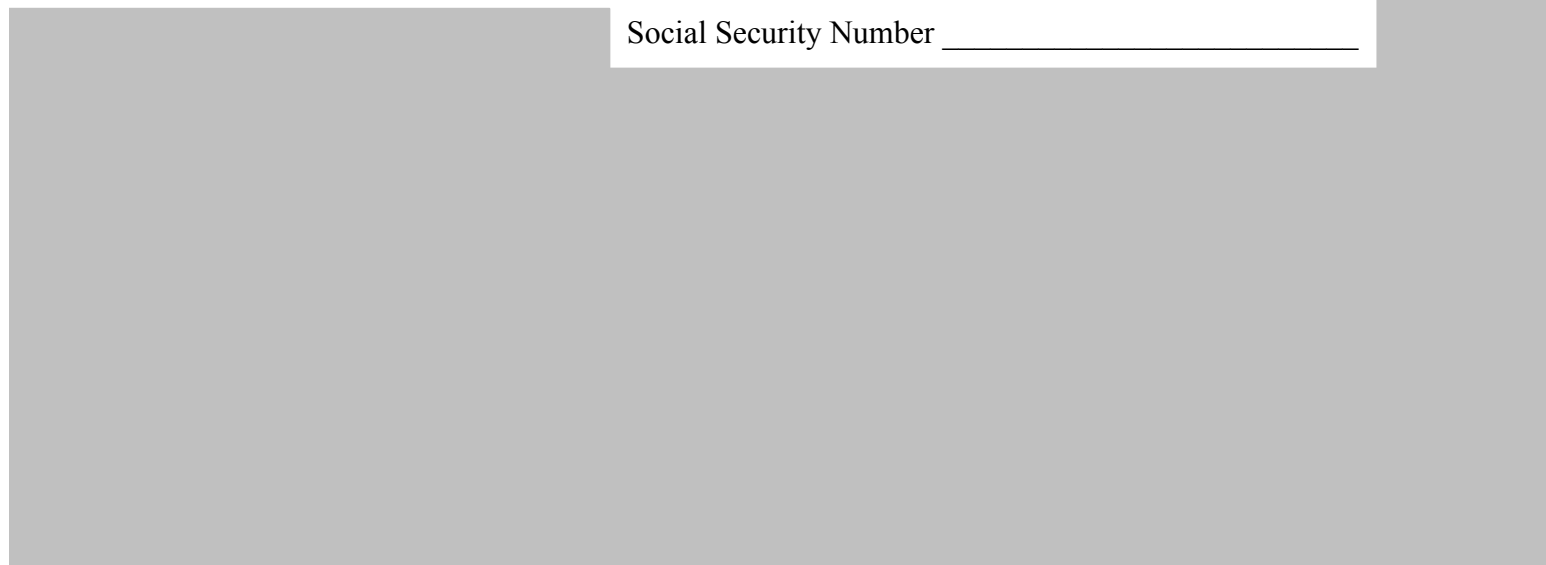
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PLEASE PRINT **COMPLETE ALL INFORMATION**
(Forms can not be accepted with changes, strikethroughs or white out/liquid paper)

Full Name (Print) _____
Last First Middle Maiden

Address _____ City _____ State _____ Zip _____

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 Signature (In presence of Notary)

 Date

 Notary (Seal)

 Date



Applicant Data Survey

Rev 06/10/05

Prefix First Name MI Last Name Date
(EX: Dr., Ms., Mr., etc)

Social Security Number: _____ Gender: Male Female

Position(s) Applied For: _____

Street Address Apartment/Box/Route, Street Address

City State Zip

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Home Telephone Number (include area code)

Birth Date – Month/Day/Year

Origin/Ethnicity: White Hispanic American Indian/Alaskan Native
 Black Asian/Pacific Islander Other/Unknown

Explanation

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job-related medical condition or disability, or any other legally protected status.

In an effort to comply with requirements regarding governmental record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in a hiring decision.

This form is to be completed by all applicants. It is not for interview purposes and will be removed from the application file by employer and filed separately.

Please check any of the following that are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual