



Northwest Georgia RESA
Office of Executive Director
 3167 Cedartown Hwy SE
 Rome, GA 30161
 (706) 295-6189 Fax: (706) 295-6098

Date of Application: _____
 Date Available for Employment: _____

Personal Information

Full Name: _____
 (Last) (First) (Middle)

Social Security #: _____ (Name given here and name on your social security card must agree.)

Other name(s) under which records may be listed: _____
 (Last) (First) (Middle)

Permanent Address: _____
 (Street) (City) (State) (Zip)

Telephone No. _____

Present Address: _____
 (Street) (City) (State) (Zip)

Telephone No. _____

Position Desired

Indicate positions for which you are certified and/or desire employment. Since RESA is an umbrella agency with several programs, specify the program(s) as well as the position.

<u>Program</u>	<input type="checkbox"/>	<u>Position</u>
Northwest Georgia RESA	<input type="checkbox"/>	_____
Northwest Georgia Learning Resources System	<input type="checkbox"/>	_____
Northwest Georgia Educational Program	<input type="checkbox"/>	_____

Certification

1. Do you presently hold a valid Georgia teaching certificate? Yes No
 (If you have a certificate, you must enclose a photocopy.)
 If yes:

Type	Field	Expires	Certificate #	Retirement #

Other Work Experience

Employer	Job Title	Address	Dates From/To	Supervisor

Military

Branch of Service	Dates From/To	Highest Rank	Type of Discharge

Professional Preparation

Name of School	City/State	Dates From/To	Credit or Degree	Major	Minor

Student Teaching

Name and Location of School	Dates	Time Spent	Credits Earned	Subject or Level	Supervising Teacher

Personal and Professional Data

1. State reason for leaving your last teaching or administrative position: _____

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

3. Describe present responsibilities and duties: _____

4. What in your background particularly qualifies you to do the job? _____

5. Are you presently under contract with any other school system? Yes No
If yes, identify system, location, and date contract expires: _____

6. List any special honors, distinctions, special qualities, interests, hobbies, and/or professional memberships which support this application:

7. Have you ever: (each question must be answered)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Failed to have a contract renewed with a school system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Broken a contract with a school system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been dismissed from employment with a school system or 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"/> | Pled guilty or been convicted of a felony or misdemeanor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received an unsatisfactory performance evaluation from an employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received a dishonorable discharge from the armed services? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been placed on disciplinary probation or suspended from a college or university? |

If the answer to any of the above questions is YES, please attach an explanation.

References

Your application cannot be given proper consideration without full names, street addresses, cities, states, zip codes, and telephone numbers.

Do you have a placement file? Yes No

You must request that your placement file be forwarded to this office.

Persons listed as references should be qualified to answer questions concerning your qualifications for the position you seek. Include principals and supervisors under whom you have taught. (If you are a beginning teacher, include cooperating teacher, college supervisor, and/or major professors.) Do not include neighbors, friends, or relatives.

Please include references even if you have a placement file. Complete addresses are required including zip codes. Please print or type references---*you are to mail reference forms.*

Name	Position	Professional Address or Reference		
		School or Location	Area Code	Telephone
		Street	City/State	Zip
		School or Location	Area Code	Telephone
		Street	City/State	Zip
		School or Location	Area Code	Telephone
		Street	City/State	Zip
		School or Location	Area Code	Telephone
		Street	City/State	Zip
		School or Location	Area Code	Telephone
		Street	City/State	Zip

By filing application with Northwest Georgia RESA, if employed, I agree to abide by all the 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 Northwest Georgia RESA and shall not be returned.

Applicant's Signature

Date

Northwest Georgia RESA

To the Applicant:

Please complete the top portion (name, social security number, and position desired) prior to your submission of this form to the individual who will provide reference evaluation.

Applicant's Name (Please Print)			
	(Last)	(First)	(Middle)

Position Desired:

(Please describe)

Teacher of:

Other:

To the Evaluator:

The applicant named above is applying for a position with Northwest Georgia RESA. Your rating of the applicant in the following categories would be appreciated. The evaluation will have restricted use. The evaluator is requested to complete and return this form to: Northwest Georgia RESA, 3167 Cedartown Highway SE, Rome, GA 30161 Your cooperation is appreciated. Thank you.

Characteristics	Excellent	Satisfactory	Needs Improvement	Unsatisfactory	Unable to Rate
Knowledge of Subject (Scholarship)					
Adaptability to New Ideas					
Use of Sound Judgment					
Self-Control and Poise					
Cooperation					
Use of English	Written				
	Oral				
Skill in Planning					
Organizing for Instruction					
Enthusiasm for Teaching					
Classroom Management Skills					
Ability to Work in a Positive, Respectful, and Professional Manner with	Teachers				
	Administration				
	Parents				
	Students				
Compliance with Attendance Regulations	Regular				
	Prompt				

1. How long have you know the applicant? Years: _____

2. In what capacity? _____

3. If applicant left your employee, why? _____

4. Would you recommend applicant for the position applied for? Yes ____ No ____

(If your answer is No, please explain.) _____

5. Would you re-employ? Yes ____ No ____

(If your answer is No, please explain.) _____

6. General comments about the applicant. _____

7. Should we telephone for additional information? Yes ____ No ____

Name (Printed): _____

Signature: _____

Title: _____

System: _____

Address: _____

Telephone: _____

RESA Office Use Only

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