

NON-INSTRUCTIONAL PERSONNEL APPLICATION

PULASKI COUNTY SCHOOLS
72 WARREN STREET
HAWKINSVILLE, GEORGIA 31036

PHONE: (478) 783-7200
FAX: (478) 783-7204

NAME: _____
 LAST FIRST MIDDLE/MAIDEN

ADDRESS: _____
 STREET

 CITY STATE ZIP CODE

HOME PHONE: _____ OTHER CONTACT PHONE: _____

SOCIAL SECURITY NUMBER: _____ (ATTACH COPY OF ID CARD)

POSITION FOR WHICH YOU ARE APPLYING: _____

DO YOU HAVE ANY CHRONIC ILLNESS OR PHYSICAL IMPAIRMENT WHICH MAY INHIBIT YOUR JOB PERFORMANCE? IF YES, PLEASE ELABORATE: _____

ARE YOU PRESENTLY EMPLOYED? _____ CURRENT SALARY _____

DATE AVAILABLE FOR EMPLOYMENT: _____ EXPECTED SALARY _____

WORK EXPERIENCE: (LIST CHRONOLOGICALLY, LAST/CURRENT FIRST)

<u>EMPLOYER</u>	<u>BEGIN/ENDED</u>	<u>POSITION</u>	<u>REASON FOR LEAVING</u>

BACKGROUND INFORMATION: Have you ever been arrested, entered a plea of guilty or no contest to, or been convicted of any criminal offense other than a minor traffic offense? _____
If so, please give detailed information on a separate sheet of paper as to each offense, including the specific offense for which you were charged, the disposition of the offense, and the date, court, state, and county where you were charged. Please be advised that any criminal charges beyond age 17 are a part of your criminal history record.

EDUCATION: (PLEASE ATTACH COPIES OF DIPLOMA, DEGREES, GED, ETC.)

NAME/ADDRESS OF HIGH SCHOOL: _____
DATES ATTENDED: _____ **DID YOU GRADUATE?** _____
GED? _____

NAME/ADDRESS OF COLLEGE: _____
DATES ATTENDED: _____ **DEGREE:** _____
MAJOR: _____

NAME/ADDRESS OF TECHNICAL SCHOOL: _____
DATES ATTENDED: _____ **DIPLOMA:** _____

INDICATE ANY SPECIAL SKILLS THAT YOU MAY HAVE:

THREE REFERENCE FORMS ARE ATTACHED TO AND ARE A PART OF THIS APPLICATION. COMPLETE THE TOP PORTION OF THESE FORMS AND SEND TO THE THREE REFERENCES LISTED BELOW WITH A REQUEST THAT THEY BE RETURNED DIRECTLY TO THIS OFFICE. THESE REFERENCES SHOULD BE EMPLOYERS OR INSTRUCTORS THAT ARE FAMILIAR WITH YOUR ABILITIES.

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____

IF YOU HAVE A CURRENT RESUME', PLEASE ATTACH.

I DO SWEAR THAT THE FOREGOING INFORMATION IS ACCURATE AND TRUTHFUL.

SIGNED _____ **DATE** _____

(THIS APPLICATION WILL BE HELD ON ACTIVE STATUS FOR TWO YEARS. AT THE END OF THIS PERIOD OF TIME, YOU MAY WISH TO REAPPLY.)

The Pulaski County Board of Education is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, national origin, or handicap/disability in its employment practices.

SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, 5 U.S.C. §552(a)(note) you are hereby notified this application requests your social security number. The disclosure of your social security number **is mandatory** for the following purposes:

- 1) Performing a criminal background check pursuant to O.C.G.A. §35-3-30 et. seq.
- 2) If hired, for purposes of tax collection pursuant to 42 U.S.C. §405

The disclosure of your social security number **is optional, not mandatory** for the following purposes:

- 1) Verification of your identity;
- 2) Verification of your employment eligibility;
- 3) To assist the Federal and State Equal Employment Opportunities record keeping, reporting and other legal requirements;
- 4) To verify your previous work experience;
- 5) To verify your identity on your recommendation form.

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize Pulaski County 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.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Notary Public

My commission expires: _____

Special employment provisions:

Purpose Code:

W Employment with children

___ I hereby give consent to the above-named to perform periodic criminal history background checks for the duration of my employment with this company.

You MUST attach a copy of your DRIVER'S LICENSE and SOCIAL SECURITY CARD to this Consent Form.

**REFERENCE FORM
NON-INSTRUCTIONAL PERSONNEL**

**PLEASE RETURN THIS FORM
PROMPTLY TO:**

NAME OF REFERENCE

ADDRESS

CITY/STATE

**PULASKI COUNTY BOARD
OF EDUCATION
72 WARREN STREET
HAWKINSVILLE, GEORGIA 31036
FAX: (478) 783-7204**

I have submitted an application for a non-instructional position with the Pulaski County School System. Please check the appropriate columns below and mail or fax this form at your earliest convenience to the address above.

LAST NAME FIRST MIDDLE (MAIDEN IF MARRIED)

SIGNATURE OF APPLICANT

DATE

	SUPERIOR	AVERAGE	BELOW AVERAGE	UNSATIS- FACTORY	NOT KNOWN
INTELLECTUAL CAPACITY (alertness, ability to learn)					
JOB SKILLS					
SELF-CONTROL AND POISE (emotionally mature)					
HEALTH/ATTENDANCE RECORD					
COOPERATION (with supervisors & co-workers)					
COMMON SENSE					
LOYALTY & RELIABILITY					
PUNCTUALITY					
ADAPTABILITY					

Would you hire this applicant if you had a vacancy for which he or she was qualified? _____
In what capacity have you known this applicant?

Comments: _____

Signature

Position

Date

CONFIDENTIAL INFORMATION

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