



in touch with the future

PERSONNEL DEPARTMENT
508 EAST SECOND STREET
ROME, GEORGIA 30161-3198
706 / 236-5050
www.rcs.rome.ga.us

DATE OF APPLICATION _____ DATE AVAILABLE FOR EMPLOYMENT _____

GENERAL INFORMATION

DEAR APPLICANT:

1. In order for us to consider your application for employment, we must have all information requested. PLEASE REFER TO ENCLOSED INSTRUCTION SHEET PRIOR TO COMPLETING THIS APPLICATION.
2. Print or type all information EXCEPT handwritten autobiography.
3. Copies of transcripts may be submitted with the initial application. However, official transcripts are REQUIRED prior to signing a contract for employment.
4. Application must be signed by applicant.

LAST NAME	FIRST	MIDDLE
PRESENT ADDRESS _____ ()		
STREET	CITY	STATE ZIP CODE PHONE
PERMANENT ADDRESS _____ ()		
STREET	CITY	STATE ZIP CODE PHONE
SOCIAL SECURITY NUMBER _____	Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> No	

POSITION DESIRED

Indicate grades / subjects / positions for which you are certified and /or desire employment:

- | | |
|---|--|
| <input type="checkbox"/> Elementary (Grades: _____) | <input type="checkbox"/> Counselor (Grade: _____) |
| <input type="checkbox"/> Middle (Grades: _____) | <input type="checkbox"/> Media Specialist (Grade: _____) |
| <input type="checkbox"/> Secondary (Grades: _____) | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Special Education (Areas: _____) | Other: _____ |

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

I. EDUCATION EXPERIENCE:

Report in chronological order, beginning with most recent position, all full-time teaching and administrative experience including teaching in accredited colleges. Report work as a substitute teacher under "Other Work Experience". Continuous experience in one school should be reported on one line. (If a teacher teaches 120 or more contract days during a school year, credit for a year of experience is given. Use separate sheet if necessary.)

SCHOOL NAME	SYSTEM NAME	COMPLETE ADDRESS (INCLUDE ZIP CODE)	DATES FROM / TO	TEACHING/ JOB ASSIGNMENT	SUPERVISOR

MILITARY:

Branch of Service: _____ Dates (From / To) _____ Highest Rank: _____ Type of Discharge: _____

OTHER WORK EXPERIENCE:

EMPLOYER	JOB TITLE	ADDRESS	DATES FROM / TO	SUPERVISOR

II. PROFESSIONAL PREPARATION:

EDUCATION

NAME OF SCHOOL	CITY / STATE	DATES FROM / TO	CREDIT OR DEGREE	MAJOR SUBJECT	MINOR SUBJECT
High School:					
*Colleges:					
Other Education:					

**Official transcripts required prior to signing a contract.*

STUDENT TEACHING

Will you complete or have you completed student teaching YES NO; If yes:

NAME AND ADDRESS OF SCHOOL	DATES FROM / TO	SUBJECT OR GRADE LEVEL	NAME OF SUPERVISING TEACHER

If student teaching has occurred within the last 3 years, provide mailing address or phone number of supervising teacher:

If you graduated within last 3 years, provide mailing address or phone number of your college supervisor: _____

National Teacher Exam (subject to official verification): State date taken and score: _____

III. CERTIFICATION:

1. Do you presently hold a valid Georgia teaching certificate? YES* NO; If yes:

TYPE	FIELD	EXPIRES	CERTIFICATE NO.	RETIREMENT NO.

**Copies of Georgia certificates are required if you are offered employment with the Rome City School System.*

2. If no, have you applied for a Georgia certificate? YES NO; If yes:

Date applied: _____ FIELD: _____

3. Have you previously held a: _____ Probationary and / or _____ Provisional Georgia certificate? If yes, provide date of expiration, field and system name where employed when certificate(s) was held: _____

4. Do you presently hold or have you ever held a teaching certificate from another state? YES NO; *If yes:

TYPE	FIELD	EXPIRES	CERTIFICATE NO.

**Copies of out-of-state certificates are required if you are offered employment with the Rome City School System.*

5. Have you taken the Georgia Teacher Certification Test (TCT) or Praxis II Test? Yes No; If yes, field / teaching area in which you took test: _____

Passed: Yes No. If you have taken the TCT or Praxis II test, enclose copy of score report.

6. Have you ever had a Professional Development Plan (PDP) developed for you while employed in a Georgia system? Yes No;

If yes, name of system: _____

(Enclose Copy)

IV. PERSONAL AND PROFESSIONAL DATA:

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 or been released from a contract in lieu of non-renewal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been dismissed from employment with a school system or 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"/> | Arrested, pled guilty to, or been convicted of any offense relating to the manufacture, distribution, sale or possession of any illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Arrested, pled guilty or no contest to, or been convicted of any other criminal offense other than a minor traffic offense? |
| <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, you must provide a detailed explanation on a separate sheet attached to this application as to each offense including the specific offense for which you were arrested or charged, the disposition of the offense, and the date, court, county, state, or country where you were charged.

- List the name of any relative who currently serves on the Rome Board of Education or is employed by the Rome Board of Education: _____
- State reason for leaving your most recent teaching or administrative position: _____

- Have you taught sufficient years in any other Georgia public school system so as to acquire "tenure" under the Georgia Fair Dismissal Law? Yes No If yes, list the name(s) of the school system(s) and dates of employment:

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

- List any special honors or distinctions you received in college or in your profession: _____

- List professional clubs or organizations of which you are a member: _____

- List any special interests or hobbies: _____

- Circle any of the following which you are qualified and willing to direct or coach:
School Newspaper, Yearbook, Orchestra, Band, Chorus, Debates, Dramatics, Football, Baseball, Track, Tennis, Golf, Swimming, Basketball, Volleyball, Soccer, Clubs, Cheerleading Sponsor, Other: _____

V. 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 if you are a beginning teacher.*

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 - WE MAIL REFERENCE FORMS.**

NAME	PROFESSIONAL ADDRESS OR REFERENCE			
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE
POSITION	SCHOOL OR LOCATION	AREA CODE	TELEPHONE	
	STREET	CITY	STATE	ZIP CODE

By filing application for employment with the Rome City School System, if employed, I agree to abide by all the policies as set forth by the Rome City Schools Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Rome City School System contacting my references, previous employers, 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 the Rome City Schools Board of Education and will not be returned to the applicant.

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE TURN PAGE, WRITE YOUR AUTOBIOGRAPHY, AND SIGN APPLICATION.

