



**3264 Brookmont Parkway
Douglasville, GA 30135
PH 770-615-3680 FAX 770-615-3677**

INSTRUCTIONS FOR COMPLETING APPLICATION

- In order for us to consider your application for employment, we must have all information requested.
- PRINT or type all information.
- Georgia law requires fingerprinting/background check of newly-employed personnel.
- You MUST sign the application (see last page).
- This application will be retained for one year in active files and one year in Records.

APPLICATION FOR CLASSIFIED POSITION

Date of Application _____ Date Available _____

I. PERSONAL DATA

Name (please print) _____
Last First Middle

SSN _____ Email Address _____

Permanent Address _____
Street City, State Zip

Home Phone () _____ Cell Phone () _____

If you are not a citizen of the United States of America, you must furnish a copy of your Permanent Residency Permit or other document allowing you to legally work in this country.

II. EMPLOYMENT

Position(s) Desired:

_____ Office Assistant

_____ Paraprofessional

_____ Custodian

_____ Other _____

III. CERTIFICATION

Do you hold any certification for the above position you are seeking?

Certificate expiration date:

Certificate type:

IV. GENERAL

A. Are you presently under contract with any other school system? Yes No

If yes, name the system, location, and date contract expires _____

B. If now employed, why are you considering leaving your present position?

C. Have you ever failed to have a contract renewed? Yes No

D. Have you ever 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? Yes No

E. Have you ever been asked to resign from employment with a school system or other position? Yes No

F. Have you ever been asked to resign from employment with a school system or other position in lieu of termination? Yes No

G. Do you have any limitations which would hinder you from performing the job for which you are applying? Yes No

H. Have you ever received an unsatisfactory performance evaluation? Yes No

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

I. PLEASE READ CAREFULLY:

Have you ever been **arrested**, convicted of, pled guilty to, pled nolo contendere to, or been sentenced under a First Offender Statute for a violation of any federal, state, county, or municipal law, regulation, or ordinance. Are you now under investigation for any such offense, other than a minor traffic offense? **YOU MUST INCLUDE ANY OFFENSE EXCEPT MINOR TRAFFIC CITATIONS.** Exclude events before age 16, Unless prosecuted as an adult. For the purpose of this application, DUI/DWIs and Alcohol or substance abuse offenses must be reported. You must include any arrests For which the record has been expunged. If you answer “yes” to any question, any documents) **MUST** be included with this application. Yes No

IF YES: complete:

Type of Offense	Date	Name of Law Enforcement Authority	Disposition Outcome

IF YOU ANSWER ANY OF THE ABOVE QUESTIONS FALSELY, YO WILL BE DISMISSED IMMEDIATELY UPON OUR RECEIPT OF THE CRIMINAL HISTORY BACKGROUND REPORT.

V. MILITARY SERVICE:

The State of GA gives up to three (3) years of teaching experience for full-time military service.

Branch of Service	Inclusive Dates	No. Months	Highest Rank	Type of Discharge

Check any extracurricular activities which you are willing to coach or sponsor:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Academic Team | <input type="checkbox"/> Drama | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Beta Club |
| <input type="checkbox"/> Track/Cross Country | <input type="checkbox"/> Literary Magazine | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis | <input type="checkbox"/> Before School Program | <input type="checkbox"/> National Honor Society |
| <input type="checkbox"/> Debate | <input type="checkbox"/> Yearbook | <input type="checkbox"/> After School Program | <input type="checkbox"/> Other: |

If you are you proficient in languages other than English please list languages:

VI. PROFESSIONAL EXPERIENCE

Name and Address of Employer (City/State/Zip)	Supervisor	Phone # Fax #	Position	Inclusive Dates		Full or Part-time
				From	To	

VII. EDUCATIONAL AND PROFESSIONAL TRAINING

School or Institution Name and Location	Dates Attended		Subjects		Graduation	
	From	To	Major	Minor	Date	Degree

* Official transcripts from each college attended are required. Offers are contingent upon receipt of transcripts.

VIII. REFERENCES

Please provide two professional references and one personal reference. Reference forms will be provided by Brighten Academy upon request. Reference forms may be faxed to (770) 615—3680 or mailed to 3264 Brookmont Parkway, Douglasville, GA 30135.

Name	Position	Company, Address	Telephone
			Main: Fax:
			Main: Fax:
			Main: Fax:

XII. SIGNATURE

Notice: The furnishing of false or misleading information or the intentional withholding of material facts, including facts concerning one’s criminal record, will constitute ground for immediate termination.

I understand and agree to a criminal record check as provided by the Official Code of Georgia annotated 20-2-211(e) (1), the policies and rules of Brighten Academy. I agree to be fingerprinted by the Douglas County School System or Brighten Academy, and I further agree to sign the forms which the Douglas County School System or Brighten Academy may require me to sign consenting to a criminal record check through the National Crime Information Center and the Georgia Crime Information Center. I further understand that the information obtained from the criminal background check may be used in employment decisions.

I consent for any former employer of mine to furnish any information from my personnel file or evaluations relative to my performance as an employee, and I waive any right I may have for such information to remain confidential. I relieve from all liability and responsibility those persons, schools, companies, or corporations supplying information in this regard. I understand that employment applications of public employees are subject to provisions of Georgia’s Open Records Act.

By filing application for employment with Brighten Academy, if employed, I agree to abide by all policies, including Alcohol and Controlled Substances Testing and Drug and Alcohol Free Workplace GAM/GAMA, as set forth by the Brighten Academy Governing Board, as amended. I authorize full investigation of the information given in this application and consent to the representatives of Brighten Academy contacting my references, previous employers, schools attended, court officials, and law enforcement authorities. I understand that a Brighten Academy employee who is charged with or arrested for the commission of any criminal act(s) as defined in the Code of Ethics for Educators shall report such event to the School Director or Governing Board President within 24 hours of the charge or arrest, or by the next business day. I understand that an employee who is charged with or arrested for the commission of any criminal act(s) as defined by the Code of Ethics for Educators shall report such event to the School Director or Governing Board President within 24 hours of the charge or arrest, or by the next business day.

The application, transcripts, references, and other data are the property of the Douglas County Board of Education and will not be returned to the applicant.

APPLICANT’S SIGNATURE _____ DATE _____

AN EQUAL OPPORTUNITY EMPLOYER, Brighten Academy does not discriminate in the educational and employment policies under which it operates and will honor all appropriate laws relating to discrimination. Brighten Academy is a Drug-Free Workplace.