



3264 Brookmont Parkway
Douglasville, GA 30135
770-615-3680

INSTRUCTIONS FOR COMPLETING APPLICATION

- In order for us to consider your application, we must have all information requested.
- PRINT or type all information.
- As a safety measure for our students, we require fingerprinting/background check, regardless of whether you have had this done in the past with the local school system.
- You MUST sign the application (see last page).
- This application will be retained for one year in active files and one year in Records.
- Please note that completion of this application does not obligate you to accept substitute/supply teacher opportunity throughout the school year. You will have the opportunity to accept or decline each time.

APPLICATION FOR SUBSTITUTE/SUPPLY TEACHER

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. POSITION

Position(s) Desired (check all that apply):

_____ Substitute Teacher (10 days or less)

_____ Substitute/Supply Teacher (11 consecutive days or more—Bachelor’s Degree in any field required)

III. CERTIFICATION

Do you hold any certification for the above? _____

Certificate expiration date: _____

Certificate type: _____

A. 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

B. Have you ever been asked to resign from employment in lieu of termination? Yes No

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

D. 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, YOU WILL NOT BE UTILIZED AS A SUBSTITUTE/SUPPLY TEACHER.

IV. EDUCATIONAL AND PROFESSIONAL TRAINING

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

V. REFERENCES

Please provide 2 references (personal or professional). A reference form template is provided within this application. Reference forms may be faxed to (770) 615-3677 or mailed to: 3264 Brookmont Parkway, Douglasville, GA 30135..

Name	Relationship	Telephone
		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 grounds for immediate dismissal from substitute/supply teacher list.

I understand and agree to a criminal record check and motor vehicle background 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 decisions regarding my position as a substitute/supply teacher.

By filing an application with Brighten Academy, if utilized as a substitute/supply teacher, 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, court officials, and law enforcement authorities.

The application and other data are the property of Brighten Academy and will not be returned to the applicant.

APPLICANT'S SIGNATURE _____ **DATE** _____

Brighten Academy

3264 Brookmont Parkway, Douglasville, GA 30135

FAX: 770-615-3677

PLEASE MAIL or FAX AS SOON AS POSSIBLE

_____ has applied for a position as a **substitute or supply teacher** at Brighten Academy Charter School. Your evaluation of the applicant will be a service to this office and to the applicant. **THIS EVALUATION FORM IS CONFIDENTIAL AND WILL NOT BE SHOWN TO THE CANDIDATE.**

Ratings:	Strong	Satisfactory	Marginal	Unsatisfactory	Not Applicable	Unobserved
PROFESSIONAL COMPETENCIES						
Fulfills assignments according to policies						
Is regular and punctual in attendance						
Self starts and works to capacity						
Makes valid and appropriate judgments						
Attends to detail and accuracy						
Plans and organizes effectively						
Uses resources appropriately						
Speaks using correct grammar and diction						
Writes effectively						
Understands and applies basic mathematics						
Demonstrates competency with technology (computers, copiers, facsimiles, etc.)						
INTERPERSONAL SKILLS						
Maintains a positive, respectful, and professional manner						
Is loyal, honest, and reliable						
Accepts constructive criticism						
Is emotionally mature (demonstrates self-control, tact, stability)						
Accepts others						
Exercises and respects proper authority						
OVERALL EVALUATION						

Would you utilize applicant in such a position? ___ YES ___ NO ___MAYBE
Why or why not?

In what relationship have you known the applicant? ___ Former student ___ Former employee Other/specify _____
Dates: From _____ To _____. Should we telephone you for additional information: ___ YES ___ NO

SIGNATURE:	NAME (Please print):
POSITION:	DATE:
COMPANY:	TELEPHONE NUMBER:
ADDRESS:	