



FURTAH PREPARATORY SCHOOL

5496 HWY 92 ACWORTH, GEORGIA 30102

(PH) 678-574-6488 (E-FAX): 404-921-0967

Inspiring Hope; Changing Lives

Application For Employment

Application Instructions: Please print complete responses to each of the items or questions included in this application. In addition, include copies of all college transcripts, teaching certificate(s), and applicable test scores with this completed application.

Date: _____ Position(s) Desired: _____

Are you interested in? Part Time Employment _____ Full Time Employment _____

Are you interested in substitute teaching? Yes _____ No _____

List sports/clubs activities you would be willing to coach/sponsor:

Personal Data:

Name: _____ SSN#: _____

Address: _____

Phone No.: _____ Cell Phone No.: _____

Name, address, and phone number of closest relative:

Who should be contacted in case of emergency? _____

Phone#: _____ Cell Phone No.: _____

List all languages in which you are proficient: _____

Are there any days of the week that you will not work? If yes, please explain:

Are you currently employed? Yes _____ No _____

If yes, may we inquire of your current employer? Yes _____ No _____

Company/School where currently employed Phone number of current employer:

Are you currently under a contract? Yes _____ No _____ Contract Expiration date: _____

Are you a citizen of the United States? Yes _____ No _____

If no, please supply documentation to work in the United States.

Circle YES or NO to answer each of the following questions. Attach an explanation to this application for YES answer.

Have you ever failed to have your contract renewed or have you ever been requested, formally or informally, to resign from or terminate employment? YES NO (circle one)

Have you ever had a teaching certificate or credential denied, revoked, or suspended in any state? YES NO (circle one)

Have you ever been charged, convicted, or pled guilty to a crime other than minor traffic violations? YES NO (circle one)

Have you ever pled guilty to or been convicted of any offense related to the possession or distribution of illegal drugs? YES NO (circle one)

Have you ever had a lien(s) or garnishment(s) filed against you? YES NO (circle one)

Have you ever been investigated for any act of alleged discrimination? YES NO (circle one)

Have you ever been investigated for allegations of sexual harassment? YES NO (circle one)

Have you ever been accused and investigated for a crime of child abuse or physical abuse? YES NO (circle one)

Professional References:

List four references below.

Name/Address/Organization/Telephone No./Years Known

1. _____

2. _____

3. _____

4. _____

Physical Limitations: Answering this question is voluntary.

Do you have any physical condition that may limit your ability to perform this job? If so, what accommodations would enable your performances in this position?

Employment History:

Former Experiences/Employers: List below your last four employment experiences, starting with your most recent employment.

Date (Month/year)	Name, Address and Telephone Number of Employer	Position	Salary	Reason For Leaving
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1. _____
2. _____
3. _____
4. _____

Education:

Name and location of School	Circle last Year Completed	Did you graduate?	GPA	Degree(s) Received
<u>High School</u>	9, 10, 11, 12	YES NO		
<u>Community/ Junior College*</u>	1, 2	YES NO		
<u>Trade, Business Or Correspondence</u>		YES NO		
<u>College/University*</u>	1, 2, 3, 4, 5, 6, 7	YES NO		

*All college/university transcripts must be included in this application package.

Certification History and Experience

- Do you have a current Georgia Teaching Certificate issued by the state of Georgia? ____ Yes ____ No
- If you answered "Yes", please identify the type of certificate issued (Example: T4): _____
- If you answered "yes", please identify the date your certificate expires. _____
- If you have additional applicable certifications beyond the Georgia Certificate, please identify below and submit copies of the certifications with your application:
 1. _____
 2. _____
 3. _____

- If you have additional applicable licenses beyond the Georgia Certificate, please identify below and submit copies of the licenses with your application:

1. _____

2. _____

3. _____

- If you have applicable work experience with gifted students or special education students, please identify where, when, at what level, and for how long. Please submit evidence of work experience with the application.

GIFTED:

SPECIAL NEEDS:

- If you do not have a Teaching Certificate, please submit (with your application) copies of official documents identifying applicable Continuing Education credits received/earned for courses taken after July 1, 2009.
- If you do have a Teaching Certificate, please submit (with your application) copies of official documents identifying applicable Continuing Education credits received/earned after the date your certificate was last renewed.

Employment Agreement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in any application document will disqualify me from consideration for employment. I further understand that, if employed any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I authorize investigation of all matters contained in this application. I hereby give Furtah Preparatory School and its authorized agent's permission to contact previous employers, references, and to conduct investigative background inquiries on me including criminal convictions. I hereby release Furtah Preparatory School, its agents, and any persons giving or receiving such information for any purpose related to my employment from any liability as a result of such contacts. I acknowledge that this application will remain on file for the academic year for which I have applied. If I have not heard from Furtah Preparatory School during the application effective period, It is my responsibility to complete a new application if I still wish to be considered for employment.

Print Name _____

Signature _____ Date: _____

For Office Use Only:

Received By: _____ Date Received: _____

Documentation Received: YES NO

Placed in File: YES NO