

Office of Executive Director 3167 Cedartown Hwy SE

Rome, GA 30161 (706) 295-6189 Fax: (706) 295-6098

Personal Information

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Full Name:						
	(Last)	(First)	(Middle)			
Social Security # Other name(s) un	der which	(Name given he	(Name given here and name on your social security card must agree.)			
records may be li	sted: (Last)	(First)	(Middle)			
Permanent Addre	966.					
	(Street)	(City) (State)	(Zip)		
Telephone No.						
Present Address:						
	(Street)	(City) (State)	(Zip)		
Telephone No.						
Position Desir	ed Indicate positions for	which you are certifie	ed and/or desire employ	ment. Since RESA		
			ns, specify the program(
	position.					
	Program		Posi	tion		
Northwest Georg			<u>1031</u>			
•	ia Learning Resources Syste	em 🗌 _				
Northwest Georg	ia Educational Program					
Certification						
1. Do you presently hold a valid Georgia teaching certificate? Yes No (If you have a certificate, you must enclose a photocopy.)						
If yes:						
lf yes:	Field	Expires	Certificate #	Retirement #		
lf yes: Type	Field	Expires	Certificate #	Retirement #		
	Field	Expires	Certificate #	Retirement #		
	Field	Expires	Certificate #	Retirement #		

2. If no, hav ^{If yes:} Date applied:	e you applied for a Georgia Field	certificate? Yes	□ No			
3. Have you previously held a: Certificate? If yes, provide If yes, provide date of expiration, field and system name where employed when certificate(s) was held:						
4. Do you p another s *lf yes:	resently hold or have you ev state?	ver held a teaching c	ertificate from Yes] No 🗌		
Туре	Field	Expires	Certificate #	Retirement #		
*Copies of out-of-state certificates are required if you are offered employment with Northwest Georgia RESA.						
•	taken the Georgia TCT/Praining area in which you took			Yes 🗌 No 🗌		

Passed: Yes 🗌 No 🗌

If you have taken the TCT/Praxis/GACE, enclose a copy of score report.

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

Other Work Experience

Employer	Job Title	Address	Dates From/To	Supervisor

Military

Branch of Service	Dates From/To	Highest Rank	Type of Discharge

Professional Preparation

Name of School	City/State	Dates From/To	Credit or Degree	Major	Minor

Student Teaching

Name and Location of School	Dates	Time Spent	Credits Earned	Subject or Level	Supervising Teacher

Personal and Professional Data
1. State reason for leaving your last teaching or administrative position:
2. Are you a U.S. citizen? Yes No I If no, are you an alien authorized to work in the U.S.? Yes No I
3. Describe present responsibilities and duties:
4. What in your background particularly qualifies you to do the job?
5. Are you presently under contract with any other school system? Yes No I If yes, identify system, location, and date contract expires:
 List any special honors, distinctions, special qualities, interests, hobbies, and/or professional memberships which support this application:
7. Have you ever: (each question must be answered)
Yes No Failed to have a contract renewed with a school system?
Broken a contract with a school system?
Been dismissed from employment with a school system or been asked to resign? Had a teaching credential denied, revoked, or suspended in any state?
 Pled guilty or been convicted of a felony or misdemeanor? Received an unsatisfactory performance evaluation from an employer?
 Received a dishonorable discharge from the armed services? Been placed on disciplinary probation or suspended from a college or university?
If the answer to any of the above questions is YES, please attach an explanation.

References

Your application cannot be given proper consideration without full names, street addresses, cities, states, zip codes, and telephone numbers.

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---you are to mail reference forms.

Name	Position	Professional Ade	dress or Reference	
		School or Location	Area Code	Telephone
		Street	City/State	Zip
		School or Location	Area Code	Telephone
		Street	City/State	Zip
		School or Location	Area Code	Telephone
		Street	City/State	Zip
		School or Location	Area Code	Telephone
		Street	City/State	Zip

By filing application with Northwest Georgia RESA, if employed, I agree to abide by all the policies as set forth by the Northwest Georgia RESA Board of Control. I authorize full investigation of the information given in this application and consent to the representatives of Northwest Georgia RESA contacting my references, previous employers, physicians, hospitals, 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 Northwest Georgia RESA and shall not be returned.

Applicant's Signature

Date

Personal Statement

In your own handwriting, please write a short statement summarizing why you are interested in a position with this agency.

To the Applicant:

Please complete the top portion (name, social security number, and position desired) prior to your submission of this form to the individual who will provide reference evaluation.

Applicant's Name (Please Print)			
	(Last)	(First)	(Middle)
Position Desired:		(Please describe)	

(Please describe)

Teacher of:

Other:

To the Evaluator:

The applicant named above is applying for a position with Northwest Georgia RESA. Your rating of the applicant in the following categories would be appreciated. The evaluation will have restricted use. The evaluator is requested to complete and return this form to: Northwest Georgia RESA, 3167 Cedartown Highway SE, Rome, GA 30161 Your cooperation is appreciated. Thank you.

Characteristic	S	Excellent	Satisfactory	Needs Improvement	Unsatisfactory	Unable to Rate	1. How long have you know the applicant? Years:
Knowledge of (Scholarship)							2. In what capacity? 3. If applicant left your employee, why?
Adaptability to	o New Ideas						
Use of Sound	l Judgment						
Self-Control a	and Poise						4. Would you recommend applicant for the position applied for? Yes No
Cooperation							(If your answer is No, please explain.)
Use of	Written						(··)
English	Oral						
Skill in Planni	0						
Organizing fo Enthusiasm fo							5. Would you re-employ? Yes No
Classroom Ma							(If your answer is No, please explain.)
Skills							
Ability to	Teachers						
Work in a Positive,	Administration						6. General comments about the applicant.
Respectful, and Professional	Parents						7. Should we telephone for additional information? Yes No
Manner with	Students						Name (Printed):
Compliance with	Regular						Signature:
Attendance Regulations	Prompt						Title:
							System:
	RESA Office Use Only			Address:			
							Telephone:

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