



GNETS of Oconee

Georgia Network for Education and Therapeutic Support

P.O. Box 1830 / 1300 Orchard Hill Road, Milledgeville, GA 31061

(478) 414-2023 / (478) 414-2025 FAX



Certified Application for Employment - 2010-2011 School Year

I. Biographical Data

Name (Last, First MI)		
Date:		Position Applying For:
Present Address	Street Address: City, State Zip	
Permanent Address	Street Address: City, State Zip	
Phone #	Home:	Work:
	Email:	Cell:
Social Security #		

II. Certification

State	Kind of Certificate	List all Teaching Fields (Please continue on reverse if you need more room.)	Date of Expiration
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*Include a copy of any teaching certificate you currently hold or have held.

III. GACE Results

Subject	Pass / Fail	Date Passed

If you do not presently hold a valid Georgia Teaching Certificate, have you applied for one through the Professional Standards Commission?	Yes	No
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IV. Educational Background

Name of School	Location	Dates Attended	Major	Degree

If you are applying for Teacher, please complete Section V and VI

V. Teaching Experience *(If applicable)*

Name of School	Address	Grade/Subject	Dates of Employment		Number of Years

VI. Student Teaching *(If applicable)*

Name of School	Address	Name of Supervising Teacher/Principal	Grade /Subject	Date

VII. Military Experience

Branch of Service	Dates of Service		Length of Service Months/Years	Highest Rank	Type of Discharge
	From	To			

VIII. Other Work Experience

Position	Employer	Address	Dates of Employment	
			From	To

References

Even if you have a college placement file, please list five references below. The persons you list as references should be qualified to give information to show your fitness for the position you seek. If you are an experienced teacher, be sure to include your former principals and supervisors. For beginning teachers, include college supervisors, student teaching supervisors and major professors. Do not include neighbors, friends or relatives. If you have no teaching experience, please list past supervisors. Please list the individuals in order of preference whom you would most like us to ask for a recommendation. Do you have a placement file? YES or NO. If so, request that it be forwarded to this office.

Name	Position	Email Address (or physical address if email is unavailable)	Telephone	
			Home	Business

By filing an application for employment with GNETS of Oconee, if employed, I agree to abide by all the policies as set forth by GNETS of Oconee and the Oconee RESA. I authorize full investigation of the information given in this application and consent to the representatives of GNETS of Oconee contacting my references, previous employers, physicians, hospitals, schools attended, court officials, and law enforcement authorities. I also understand any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

I understand that my application is not complete until transcripts of my college work, recommendations and all supporting documents are submitted to GNETS of Oconee. I also understand the application, transcripts, references, and other data are the property of GNETS of Oconee and will not be returned.

Applicant's Signature: _____ Date: _____

ATTENTION: All persons employed at the GNETS of Oconee must be approved by the Oconee RESA Board of Control. Therefore, no employment is official until it has been confirmed at a meeting of the RESA Board of Control. Applications are kept in our active file one year from the date of application. It is the responsibility of the applicant to reapply after that time.

It is the policy of GNETS of Oconee not to discriminate on the basis of age, sex, race, religion, national origin, or disability in its educational programs, activities, or employment practices.