

BULLOCH ACADEMY

an equal opportunity employer

RETURN TO:
Bulloch Academy
Attn: HR Department
873 Westside Road
Statesboro, GA 30458
912-764-6297 phone
912-764-3165 fax

APPLICATION FOR CLASSIFIED & SUBSTITUTE EMPLOYMENT

1. PERSONAL DATA (PLEASE PRINT)

Date _____	Social Security Number: _____				
Name _____		_____			_____
Last		First		Middle	
Address _____		_____		(____) _____	_____
Street		City		State	Zip
				Cell Phone	Email Address

2. DESIRED EMPLOYMENT I am interested in a Classified Position ☐ (check)

Classified Employment -

- | | |
|--|--|
| <input type="checkbox"/> Regular Education Parapro | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> After School Care |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Maintenance |

Substitute Employment - I am

interested in a Substitute Position ☐ (check)

- ☐ Teacher
- ☐ Paraprofessional
- ☐ Clerical
- ☐ After School Care
- ☐ Custodian

OTHER/or: _____

(Title of advertised or announced position)

Available: ☐ Full Time ☐ Part Time ☐ Evenings ☐ Temporary

Do you have a teaching application on file? ☐ YES ☐ NO

Do you hold a valid or expired professional teaching certificate? ☐ YES ☐ NO (If yes, please include a copy)

3. EDUCATION

Are you a high school graduate? ☐ Yes ☐ No Do you hold a GED? ☐ Yes ☐ No

If "no" to above questions, please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Schools (list high school first)

City/State

Dates

Field of Study or degree/diploma

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List specific skills/technology and software training: _____

_____ Typing _____ WPM Shorthand _____ WPM

List languages, other than English, that you speak: _____

List certificates/licenses: _____

4. OTHER INFORMATION

1. Are you at least 18 years of age? ☐ Yes ☐ No

2. Have you ever worked for Bulloch Academy? ☐ Yes ☐ No

If "yes," Job Title: _____ Dates of Employment: _____ to _____

3. Have you ever been terminated or resigned in lieu of termination from an employment position? ☐ Yes ☐ No

If "yes," explain briefly _____
Employer (Company) Name: _____

4. Are you currently employed? ☐ Yes ☐ No

If "yes," may current employer be contacted for verification? ☐ Yes ☐ No

If "no," state reason(s): _____

5. Are you legally authorized to work in the United States? ☐ Yes ☐ No

6. Will you now or in the future require sponsorship for employment visa status (e.g., H1B status)? ☐ Yes ☐ No

7. Are you currently receiving monthly benefits from a State of Georgia or GCPS retirement system? ☐ Yes ☐ No

Answer each of the following with a "Yes" or "No." You MUST attach an explanation (your statement of what occurred) and documentation (court documents, termination letters, final orders, etc.) to this application.

8. Have you 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 or have you resigned in lieu of being discharged? ☐ Yes ☐ No

9. Have you ever been placed on disciplinary probation or have you been suspended from a college or university? ☐ Yes ☐ No

10. Have you ever surrendered an educator or teaching certificate/credential/license/permit, or had one denied, revoked, suspended, or is any investigation or adverse action now pending against you? ☐ Yes ☐ No

11. Have you ever been convicted of any felony or misdemeanor or have you ever pled nolo contendere or are you now under investigation for any such offense, other than a minor traffic offense? For the purpose of this application, Driving Under the Influence (DUI), Driving While Intoxicated (DWI) and Boating While Intoxicated (BWI) must be reported. ☐ Yes ☐ No

12. Have you ever had any disciplinary action taken against you by a previous employer, including written reprimand, suspension, demotion, non-renewal, termination or any other form of disciplinary action in any state or country? ☐ Yes ☐ No

13. Have you ever been investigated for allegations of sexual harassment? ☐ Yes ☐ No

14. Have you ever been accused and investigated for a crime of child abuse or physical abuse? ☐ Yes ☐ No

15. Have you ever been investigated for any act of discrimination on account of race, color, gender, religion, age, national origin, or handicapping condition? ☐ Yes ☐ No

5. WORK HISTORY: Begin with most recent job/work history- accounting for all years since high school

Employer _____	From _____	To _____
	(month/year)	(month/year)
Address: _____ City: _____ State: _____ Zip: _____		
Phone: (____) _____ Supervisor's Name/Title: _____		
Reason for leaving: _____		
List job title and duties/responsibilities/skills: _____		

Employer _____	From _____	To _____
	(month/year)	(month/year)
Address: _____ City: _____ State: _____ Zip: _____		
Phone: (____) _____ Supervisor's Name/Title: _____		
Reason for leaving: _____		
List job title and duties/responsibilities/skills: _____		

Employer _____	From _____	To _____
	(month/year)	(month/year)
Address: _____ City: _____ State: _____ Zip: _____		
Phone: (____) _____ Supervisor's Name/Title: _____		
Reason for leaving: _____		
List job title and duties/responsibilities/skills: _____		

Employer _____	From _____	To _____
	(month/year)	(month/year)
Address: _____ City: _____ State: _____ Zip: _____		
Phone: (____) _____ Supervisor's Name/Title: _____		
Reason for leaving: _____		
List job title and duties/responsibilities/skills: _____		

Employer _____	From _____	To _____
	(month/year)	(month/year)
Address: _____ City: _____ State: _____ Zip: _____		
Phone: (____) _____ Supervisor's Name/Title: _____		
Reason for leaving: _____		
List job title and duties/responsibilities/skills: _____		

Please make additional copies if necessary.

6. EXPLANATION OF LIMITED WORK HISTORY- Include years not employed

Please give reason(s) for limited work history or prolonged lapse in employment, giving dates and place(s) of residence:

7. VOLUNTEER HISTORY

(List any volunteer history that will assist us in assessing your experience in working with children.)

From (Date)	To (Date)	Type of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. STATEMENT OF QUALIFICATIONS

In your handwriting, please write a brief statement explaining why you are uniquely qualified for a position with Bulloch Academy.

9. SIGN AND DATE

PLEASE READ CAREFULLY THEN SIGN AND DATE.

I hereby declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application shall be a reason for non-employment or for discharge from employment, if hired. I understand written references will be confidential and that I will not have access to written evaluations,

references, and opinions. I understand that if I am employed with Bulloch Academy my services will be non-contracted in nature. Non-contracted employees and their employers have an at-will employment relationship. At-will means the employment relationship can be terminated at any time or without cause by either the employee or employer. I also understand that I will be subject to a criminal background check. Substitutes work on an as needed basis only. I also understand that, as a Substitute, I am not eligible for benefits.

SIGNATURE OF APPLICANT _____ DATE _____

"Bulloch Academy does not discriminate on the basis of age, race, color, national origin, gender, religion, or disability."

BULLOCH ACADEMY

SUPERVISORY REFERENCE FORM

Name of Applicant _____

Social Security Number _____

Applying for Position as _____

☐ Classified ☐ Substitute

Please Return To:

Bulloch Academy
Leisa Houghton
873 Westside Road
Statesboro, GA 30458
Phone (912) 764-6297

PLEASE SUPPLY BULLOCH ACADEMY WITH THE INFORMATION REQUESTED BELOW.

Applicant's Signature and Date

The above named applicant has applied for a position with Bulloch Academy and has listed you as a reference. Your evaluation will be a service to this office, the applicant and the children in our school. Please note that your evaluation will NOT be shared with the applicant.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT

Please complete this section and submit as quickly as possible. Please check in the appropriate column the factors about which you have adequate knowledge. Rate the applicant in relations to all employees or individuals you have known and/or supervised.

QUALITIES	Superior Top 5%	Above Average Next 20 %	Average Middle 50%	Below Average Lower 20%	Not Observed
Exhibits positive attitude					
Exhibits tact and self-control					
Exhibits initiative					
Learns new skills easily					
Would work well in above position					
Cooperation with other employees					
Cooperation with supervisors					
Attitude toward customers/clients					
Promptness, neatness, and accuracy with records and reports					
Exhibits appropriate dress and grooming					
Maintains appropriate classroom management and discipline					
Exhibits good attendance					

Should we telephone you for an additional evaluation? ____ Yes ____ No How long have you known the applicant? _____

What is/was your association with the applicant: Supervisor ____ Other _____

If applicant was an employee: Name of Business _____ Dates of Service from ____ to ____

Applicant's Job Title _____ would you rehire this applicant? ____ Yes ____ No

WOULD YOU FEEL COMFORTABLE WITH THIS APPLICANT WORKING NEAR YOUR CHILD OR OTHER CHILDREN? ____ Yes ____ No

Please list any supplementary comments on the below or on the back of this form:

Title Print or Type Name Telephone Number

Street Address City & State Zip Code

Signature Date

(Please use reverse side of this form or attach additional pages if necessary)