

DO NOT WRITE IN THIS SPACE

Date Received

Acknowledged

References:

 1.

 2.

 3.

Interviewed

**Coastal Plains RESA
Office of Executive Director
245 North Robinson Street**

**Lenox, GA 31637**

**(229) 546-4094 Fax: (229) 546-4167**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  |  |  |
|  | **(Last)** | **(First)** | **(Middle)** |
| **Ga Tchg Cert #:** |  |  |
| **Permanent Address:** |  |  |  |  |
|  | **(Street)** | **(City)** | **(State)** | **(Zip)** |
| **Telephone No. 1** |  |  |
| **Present Address:** |  |  |  |  |
|  | **(Street)** | **(City)** | **(State)** | **(Zip)** |
| **Telephone No. 2** |  |  |
| **Email Address** | **­­­­­** |  |
| **Present Position** |  |  |
| **For a Position As** |  |  |

Return Application To:

Coastal Plains Regional Educational Service Agency

245 North Robinson Street

Lenox, GA 31637

Fax: (229) 546-4167

Attention: Director

Coastal Plains RESA does not discriminate on the basis of race, color, national origin, sex or handicap in any educational program, activity, or employment practice.

**Certification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you presently hold a valid Georgia teaching certificate?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |

**If yes, please enclose a photocopy and list fields below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Field** | **Expires** | **Certificate #** | **Retirement #** |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| 1. **If no, have you applied for a Georgia certificate?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |

**If yes:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date applied:** |  | **Field:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you presently hold or have you ever held a teaching certificate from another state?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **If yes, copies of out-of-state certificates are required if you are offered employment with Coastal Plains RESA** |  |  |  |  |

**Professional Preparation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School** | **City/State** | **Dates****From/To** | **Credit or Degree** | **Major** | **Minor** |
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**Educational Experience**

**Report in chronological order, beginning with most recent position, all full-time teaching and administrative experience including teaching in accredited colleges.**

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| --- | --- | --- | --- | --- | --- |
| **School Name** | **System Name** | **Complete Address (Include Zip Code)** | **DatesFrom/To** | **Teaching/Job Assignment** | **Supervisor** |
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**Military Service**

|  |  |  |  |
| --- | --- | --- | --- |
| **Branch of Service** | **Dates** **From/To** | **Highest Rank** | **Type of Discharge** |
|  |  |  |  |

**Professional Organizations**

**List educational fraternities and professional organizations to which you belong. Include offices held.**

|  |  |  |
| --- | --- | --- |
| **Organization** | **Years of Membership** | **Offices Held** |
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**Presentation experience**

**Please list no more than three conferences or workshops (school or district) in which you have presented professional learning. If none, please leave blank.**

|  |  |  |
| --- | --- | --- |
| **Conference/Workshop** | **Date** | **Topic Presented** |
|  |  |  |
|  |  |  |
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**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. Do not include neighbors, friends, or relatives.**

**Please include reference information below. Complete addresses are required including zip codes.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Reference** | **Complete Mailing Address** | **Telephone Number** | **Official Position** |
|  |  |  |  |
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**Other Data (All questions must be answered)**

**Each of the following questions must be answered with a “yes” or “no”. If any answer is “yes,” please attach an explanation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Have you ever failed to have a contract renewed?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |
| 1. **Have you ever resigned in lieu of non-renewal or adverse personnel action?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |
| 1. **Have you ever had a teaching credential denied, revoked, or suspended in any state?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |
| 1. **Have you ever been convicted or pled nolo contendere to a felony or misdemeanor, including DUI?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |
| 1. **Have you been charged with a felony or misdemeanor, including DUI, for which charges are currently pending?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |
| 1. **Have you ever been accused of or investigated for allegations of sexual harassment?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |
| 1. **Have you ever been accused and investigated for a crime of physical abuse, child abuse, or child deprivation?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |
| 1. **Have you ever been reported to the Georgia Professional Standards Commission (GaPSC)? If so, what was the result?**
 | **Yes** | **[ ]**  | **No** | **[ ]**  |

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

# I understand and agree to a criminal record check as provided by O.C.G.A. § 20-2-211, the policies and rules of the State Board of Education and of this Board of Control. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign the appropriate forms which the law enforcement agency may require me to sign consenting to a criminal record check through the National Crime Information center and the Georgia Crime Information Center.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Signature:** |  |