



Coastal Plains RESA
Office of Executive Director
245 North Robinson Street
Lenox, GA 31637
(229) 546-4094 Fax: (229) 546-4167

DO NOT WRITE IN THIS SPACE

Date Received
Acknowledged
References:
 1.
 2.
 3.
Interviewed

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 #

2. If no, have you applied for a Georgia certificate? Yes No

If yes:
Date applied: _____ Field: _____

3. 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

EDUCATIONAL EXPERIENCE

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

School Name	System Name	Complete Address (Include Zip Code)	Dates From/To	Teaching/Job Assignment	Supervisor

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

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

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

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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Have you ever resigned in lieu of non-renewal or adverse personnel action? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Have you ever had a teaching credential denied, revoked, or suspended in any state? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Have you ever been convicted or pled nolo contendere to a felony or misdemeanor, including DUI? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Have you been charged with a felony or misdemeanor, including DUI, for which charges are currently pending? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Have you ever been accused of or investigated for allegations of sexual harassment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Have you ever been accused and investigated for a crime of physical abuse, child abuse, or child deprivation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Have you ever been reported to the Georgia Professional Standards Commission (GaPSC)? If so, what was the result? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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:** _____