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| Oconee Regional Educational Service Agency  *Serving the counties of Baldwin, Hancock, Johnson, Putnam, Washington, & Wilkinson*  206 South Main Street P. O. Box 387  Tennille, GA 31089  Phone: 478-552-5178  Fax: 478-552-6499 |



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APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Non-Discrimination Policy:

Oconee RESA does not discriminate on the basis of race, color, religion, age, sex, national origin or disability in employment in its programs and activities.

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| Date of Application: |  |

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| POSITION(S) APPLIED FOR (CHECK): |
| ☐ Office Personnel ☐ Consultant ☐ Administrator |

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| GENERAL INFORMATION | |
| Name (First, Middle, Last) |  |
| Certification ID: (Only required if applying for consultant or administrator position) |  |
| Residential Address |  |
| Mailing Address |  |
| Home Phone Number |  |
| Cell Number |  |
| Email Address |  |
| Have you filed an application at Oconee RESA before? | Yes  No |
| Have you ever been employed at Oconee RESA? | Yes  No |
| Are you currently employed? | Yes  No |
| If yes, may we contact your employer? | Yes  No |
| Are you a United States Citizen? (Oconee RESA participates in E-Verify. Proof of citizenship or immigration status is required for employment.) | Yes  No  If no, do you have a valid work permit?    Yes  No |
| Employment desired: | Full-Time  Part-Time |
| When are you available for work? |  |

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| EDUCATION | | | | |
| SCHOOL | Address | Dates Attended | Major/  Program of Study | Degree Conferred |
| High School |  |  |  |  |
| College or University |  |  |  |  |
| College or University |  |  |  |  |
| College or University |  |  |  |  |
| Special Honors |  | | | |

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| WORK EXPERIENCE Please list your work experience beginning with your most recent job. If you were self-employed, give firm name. Attach additional sheets if necessary. | | |
| Most Recent Employer: | Employment Dates (mm/dd/yy):  From:  To: | Number of Years |
| Address of Employer: | Position/Job Title: | Reason for Leaving: |
| Employer: | Employment Dates (mm/dd/yy):  From:  To: | Number of Years: |
| Address of Employer: | Position/Job Title: | Reason for Leaving: |
| Employer: | Employment Dates (mm/dd/yy):  From:  To: | Number of Years: |
| Address of Employer: | Position/Job Title: | Reason for Leaving: |
| Employer: | Employment Dates (mm/dd/yy):  From:  To: | Number of Years: |
| Address of Employer: | Position/Job Title: | Reason for Leaving: |

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| TEACHER CERTIFICATION/OTHER LICENSES | | | | | |
| State | Certificate Type | Number | Area(s) | Date Issued | Expiration Date |
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| REFERENCES  Please list two references other than relatives or previous employers. | | | |
| Reference 1 |  | Reference 2 |  |
| Name |  | Name |  |
| Address |  | Address |  |
| Telephone |  | Telephone |  |

WAIVERS AND DISCLOSURES  
Please read each section carefully and sign where indicated.

CERTIFICATION OF TRUTH AND ACCURANCY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omission made by me on this application shall be sufficient cause of denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

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| Applicant Name (Print): |  |
| Applicant Signature: |  |
| Date: |  |

Submit application to:  
Dr. Hayward Cordy, Executive Director  
Oconee RESA  
206 South Main Street  
P. O. Box 387

Tennille, GA 31089