



Oconee Regional Educational Service Agency

Serving the counties of Baldwin, Hancock, Johnson, Putnam, Washington, & Wilkinson

206 South Main Street

Tennille, GA 31089

Phone: 478-552-5178

Fax: 478-552-6499

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.

Date of Application:

POSITION(S) APPLIED FOR (CHECK):

Office Personnel Consultant Administrator

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed at Oconee RESA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, may we contact your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a United States Citizen? (Oconee RESA participates in E-Verify. Proof of citizenship or immigration status is required for employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no, do you have a valid work permit?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment desired:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
When are you available for work?		

EDUCATION

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

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:

TEACHER CERTIFICATION/OTHER LICENSES

State	Certificate Type	Number	Area(s)	Date Issued	Expiration Date

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.

Applicant Name (Print):	
Applicant Signature:	
Date:	