

**TOOMBS COUNTY SCHOOLS**  
**BARRY WALLER, INTERIM SUPERINTENDENT**  
117 EAST WESLEY AVENUE, LYONS, GA 30436  
Telephone:912-526-8141 Fax:912-526-3291  
***APPLICATION FOR EMPLOYMENT-AT WILL***

DATE: \_\_\_\_\_

\_\_\_\_\_  
LAST NAME                      FIRST                      MIDDLE                      MAIDEN

PRESENT ADDRESS: \_\_\_\_\_  
STREET OR P.O. BOX

\_\_\_\_\_  
CITY    STATE    ZIP CODE

\_\_\_\_\_  
TELEPHONE #

NAMES AS IT APPEARS  
ON SOCIAL SECURITY CARD: \_\_\_\_\_ SS#: \_\_\_\_\_

**POSITION(S) DESIRED:**

\_\_\_ SUBSTITUTE TEACHER                      \_\_\_ PARAPROFESSIONAL  
\_\_\_ CLERICAL    \_\_\_ JANITOR/MAINTENANCE WORKER  
\_\_\_ REGISTERED NURSE

**LOCATION(S) DESIRED:**

\_\_\_ TOOMBS COUNTY HIGH SCHOOL (9-12)                      \_\_\_ TOOMBS COUNTY MIDDLE SCHOOL (6-8)  
\_\_\_ TOOMBS CENTRAL ELEMENTARY (PK-5)                      \_\_\_ LYONS PRIMARY SCHOOL (PK-2)  
\_\_\_ LYONS UPPER ELEMENTARY (3-5)

**EDUCATION: SECONDARY:**

HIGH SCHOOL ATTENDED: \_\_\_\_\_  
ADDRESS (CITY & STATE): \_\_\_\_\_

**CHECK ONE:**

***HIGH SCHOOL DIPLOMA \_\_\_\_\_ PLEASE ATTACH A COPY OF DIPLOMA TO THIS APPLICATION.***  
***GED CERTIFICATE \_\_\_\_\_ PLEASE ATTACH A COPY OF CERTIFICATE TO THIS APPLICATION.***

**COLLEGE OR VOCATIONAL TRAINING:**

SCHOOL ATTENDED	ADDRESS	DIPLOMA/HOURS

**EMPLOYMENT RECORD:** (BEGINNING WITH MOST RECENT)

EMPLOYER	POSITION HELD	YEARS EMPLOYED (i.e. 2001-2003)	REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT AND/OR FORMER EMPLOYER? YES \_\_\_ NO \_\_\_

PLEASE INDICATE BY YOUR SIGNATURE YOUR PERMISSION TO CHECK YOUR CONFIDENTIAL FILES REGARDING YOUR PAST EMPLOYMENT RECORD:

\_\_\_\_\_  
SIGNATURE

**REFERENCE:** (PERSONS NOT RELATED TO YOU BUT WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING)

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY CRIME INVOLVING MORAL TURPITUDE? YES \_\_\_ NO \_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

I UNDERSTAND THAT ANY FALSE ANSWER OR STATEMENT OR IMPLICATION MADE BY ME ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CCraftDesktopfile-At-Will application3-16-06

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