



**APPLICATION FOR EMPLOYMENT-
AT WILL**

RICHARD SMITH, SUPERINTENDENT
117 EAST WESLEY AVENUE, LYONS, GA 30436
Telephone:912-526-3141 Fax:912-526-3291

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 _____



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