



Tattnall County Board of Education

Gina G. Williams, Ed.D., Superintendent
P.O. Box 157 – Reidsville, Georgia 30453
Phone: (912) 557-4726
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BOARD MEMBERS
Richard Bland, Chairman
Ronnie Oliver
DuAnn Cowart Davis
Marilyn Carter
Mary Ruth Ray
Donna K. Tootle

The mission of the Tattnall County School System is Educating and Nurturing Tomorrow's Leaders

Dear Certified Position Applicant:

Thank you for your interest in Tattnall County Schools. We are delighted that you wish to become a part of our school system. We believe you will find Tattnall County to be a wonderful place to work and educate children.

In order for your application to be processed in a timely manner, it is essential that you follow these guidelines:

- Complete all of the areas on the application. Applications without references will not be reviewed.
- Attach a copy of your college transcript and your teaching certificate to the application.
- Your application is kept on file for one year. You must provide Name, Address, and/or Telephone number changes in writing to our office. We will not be able to reach you for an interview if we do not have your current contact information.

Your application file will be made available to principals once it is complete; therefore, it is not necessary for you to call or visit schools. Principals will select and contact applicants of their choice. **Your application is not complete until we have received all three reference forms.** You may call the Central Office to check the completion status of your application file.

If you have any questions regarding the application procedures, please do not hesitate to call.

Sincerely,

Gina G. Williams

Gina G. Williams, Ed.D.
Superintendent

Revised 1/10/17

“Whatever It Takes”

TATTNALL COUNTY PUBLIC SCHOOLS
P.O. Box 157 • Reidsville, GA 30453
Telephone (912) 557-4726 • (912) 557-3036 Fax

Do Not Write In This Space

Date Received _____
Acknowledged _____
Interviewed _____
References _____
Recommended _____
Employed _____

**APPLICATION FOR EMPLOYMENT
CERTIFIED PERSONNEL**

Date of Application

PERSONAL	Last Name	First Name	Middle Name	Date
	Present Street Address			Home Telephone ()
	City, State, ZIP			Business Telephone ()
	Permanent Street Address			Social Security #
	City, State, ZIP			Telephone ()
	Personal Email Address			**Birth Date (optional)
	Names, positions, and relationships of relatives working for the Tattnell County Board of Education			
	Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If you are not a citizen of the United States of America, you must furnish a copy of your Permanent Residency Permit or other document allowing you to legally work in this country.			
	When will you be available for employment?			

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. Section 504 of the Rehabilitation Act of 1973 (PL 93-112 prohibits discrimination on the basis of handicap). The Americans with Disabilities Act of 1990 prohibits discrimination based on the presence of a disability.

**The Board of Education will use this date for statistical purposes only.

Indicate the position for which you are applying:

CERTIFICATION	EARLY CHILDHOOD (P-5)	MIDDLE GRADES (4-8)	SECONDARY (7-12) Subject	SPECIAL EDUCATION (Indicate Exceptionality)	ADMINISTRATION/SUPERVISION
	Do you presently hold a valid Georgia Teaching Certificate? Yes <input type="checkbox"/> No: <input type="checkbox"/> Type: _____ Validity Period: _____				
	If not have you applied for a certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Date applied? _____				
	Have you taken the Georgia Teacher Certification Test? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please enclose a copy of test results				
	Have you previously held a Georgia teaching certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please enclose a copy.				
	Do you presently hold an out-of-state teaching certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please enclose a copy.				
	Have you ever had a teaching certificate suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.				

MILITARY	Branch of Service	Mos./Yrs. Of Service	Highest Rank	Type of Discharge

REFERENCES	Please give names, addresses, and telephone numbers of at least three individuals qualified to show your fitness for the position you seek. Experienced teachers must list former principals, supervisors, etc. Three references must be in writing (see attached recommendation forms). Only beginning teachers who have completed student teaching should list their college supervisor and supervising teachers as references. Beginning teachers may have their college placement file sent to the personnel office in lieu of recommendation forms.			
	Name of Individual	Official Position	Mailing Address	Telephone Number
				()
				()
				()

BACKGROUND DATA	Have you acquired tenure in any Georgia public school system? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give system name. _____
	List special honors won college and in previous teaching assignments: _____
	List clubs organizations of which a member (past or present): _____
	List special interest or hobbies: _____
	Are you presently under a teaching contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what school system? _____ Date contract expires: _____
	Have you ever failed to have a contract renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach an explanation.
	Have you ever had a teaching credential denied, revoked, or suspended in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach an explanation
	Have you ever received a PDP or unsatisfactory rating on any evaluation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach a copy.

