



## Job Application Procedures

### Job: **School Nurse**

- Packet contents:
1. Instructions
  2. Application (3 pages)
  3. Reference Form (3 each)

#### Application process:

- 1. Obtain and complete the **Application Form**.
- 2. Obtain **Proof of Certification**:
  - a. Active Certificate that meets requirements for the position you are seeking.
- 3. Obtain **3 letters of Reference** (Forms are provided)
- 4. **Return the following to Personnel or to the Board Office Secretary**:
  - a. complete application
  - b. proof of Certification
- 5. Three references should be mailed to: Miller County District Schools  
Attention: Personnel  
96 Perry Street  
Colquitt, GA 39837  
(229) 758-5592/758-3255 FAX
- 6. Once the application, references, and proof of Certification have been received, they are filed in the Human Resources Department.  
(We recommend you update your application yearly)
- 7. If a job is advertised, the application packet will be included in a review of applications. If your application is selected during the review, you will be asked to come in for an interview.
- 8. A successful interview and reference will send your application to the school board for approval.
- 9. If you are approved for hire, you will be notified and asked to obtain a **background check** and be **fingerprinted**. (Current cost is \$45.00)  
NOTE: If you have fingerprints on file you will only have to obtain a background check (currently \$20.00) and return it to Personnel.

**Note: Hiring is contingent upon a clear background check.**

# Miller County Board of Education

96 Perry Street  
 Colquitt, Georgia 39837  
 Phone: (229) 758-5592; Fax: (229) 758-3255

For Office Use Only:  
 Background Check  
 Certificate Req Met  
 Recommendations

## Application for Employment for School Nurse

**\*Referral for Interview will be made upon receipt of application and references**

PERSONAL INFORMATION (Please Print. Fill in all blanks. N/A = Not Applicable.)

Name: \_\_\_\_\_  
 (First) (Middle) (Last) Social Security Number

PRESENT ADDRESS:

Street / P.O. Box \_\_\_\_\_

City State Zip

( ) \_\_\_\_\_  
 Area Code / Telephone

( ) \_\_\_\_\_  
 Area Code/Cell Phone

PERMANENT ADDRESS:

Street / P.O. Box \_\_\_\_\_

City State Zip

( ) \_\_\_\_\_  
 Area Code / Telephone

\_\_\_\_\_ **Email Address**

POSITION FOR WHICH YOU ARE APPLYING

Position:  Nurse  Nurse Substitute

Date Available for Employment: \_\_\_\_\_

Licensure, Registration, and Certification

STATE	TYPE	FIELD	CERTIFICATE NUMBER	DATE OF ISSUE	EXPIRATION DATE

Have you ever worked for Miller County School System  Yes  No If yes, when? \_\_\_\_\_

Names of Relatives working at Miller County School System: \_\_\_\_\_

Total Years of Nursing Experience: \_\_\_\_\_

NURSING EXPERIENCE (List in order of experience with most recent dates first.)

Name/Address of Company	Name & Title of Supervisor	Telephone Number	Dates From	Dates To

Are you presently under a nursing contract?  Yes  No  
 If yes, date contract expires \_\_\_\_\_ Company \_\_\_\_\_

Have you ever failed to have a contract renewed?  Yes (attach explanation).

Have you ever or do you currently have disciplinary action against your license/certification in any state?  Yes  No  
 (If yes, attach explanation)

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?  Yes  No (if yes, attach explanation).

**REFERENES**

Please list 5 references below. These should be persons qualified to give information to show your fitness for the position you seek such as former supervisors. Do not include relatives, friends or neighbors.  
**Each applicant must submit 3 letters of reference. Reference forms may be located on the Miller County District Schools website (www.miller.k12.ga.us).**

NAME	POSITION	HOME TELEPHONE	WORK TELEPHONE	MAILING ADDRESS

**PROFESSIONAL PREPARATION:**

High School \_\_\_\_\_ City/State \_\_\_\_\_ Date Graduated \_\_\_\_\_

Colleges Attended	Address	Dates	Degree/Diploma or hours of grad work	Major	Minor

**MILITARY EXPERIENCE**

Branch of Service	Highest Rank	From	To	Type of Discharge

By filing application for employment, if employed, I agree to abide by all policies as set forth by the Miller County Board of Education. I understand that a personal interview is required prior to employment.

I authorize full investigation of the information given in this application and consent to the representatives of the Miller County Board of Education contacting my references, previous employers, physicians, hospitals, schools attended, court officials, and law enforcement authorities.

I also understand that any misstatement or omissions of any information requested shall be reason for no employment or dismissal from employment.

The application transcripts, references, and other data are the property of the Miller County Board of Education and will not be returned to the applicant. This application will be kept in our active file for one year. It will have consideration for a second year only upon written request.

The Miller County Board of Education is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, age, national origin, or handicap in its educational programs, activities or employment policies. **Miller County District Schools is committed to providing a quality education to its students and maintains compliance to the guidelines of highly qualified teachers established by the Georgia Department of Education.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

1. I understand that in the event I am offered a position with this school system, I will be required to be fingerprinted and have a criminal background check in accordance with the Official Code of Georgia Annotated 20-2-211 (e)(1).

I further understand that the information obtained from the criminal background check may be used in employment decisions.

I agree and consent for such background check and investigation to be conducted and agree to hold the school system and all officials, representatives, and employees of the foregoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence, and similar claims.

2. Criminal Conduct

- (A) Have you ever been convicted of any crime, entered a plea of guilty, *nolo contendere*, suffered first offender adjudication, any similar criminal, quasi-criminal determination, or adjudications, other than minor traffic violations?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If the answer is "Yes", state the name and address of the court, the date of the alleged offense, a description of the charges, and an explanation of the final action taken, including any fines, probation, imprisonment, first offender adjudication, or similar disposition.

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- (B) Have you ever been charged with any crime or been named in an indictment, accusation, or special presentment of any offense, other than a minor traffic violation?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Highly Qualified Status: I understand that I must fulfill any requirements outlined by the Georgia Professional Standards Commission regarding certification **and any requirements outlined by the Georgia Department of Education for compliance with the federal guidelines of NCLB for "highly qualified" status.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**Miller County Board of Education**  
**96 Perry Street**  
**Colquitt, GA 39837**  
**229-758-5592, Ext. 5012**



NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identityhistory-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

By signing below, I hereby acknowledge that I have completely read and fully understand the NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Miller County Board of Education**  
**96 Perry Street**  
**Colquitt, GA 39837**  
**229-758-5592, Ext. 5012**



**PRIVACY ACT STATEMENT**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

By signing below, I hereby acknowledge that I have completely read and fully understand the PRIVACY ACT STATEMENT.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_