

**APPLICATION FOR EMPLOYMENT  
ECHOLS COUNTY BOARD OF EDUCATION**

Dr. Vince Hamm, Superintendent  
P.O. BOX 207  
Statenville, GA 31648  
System Web Page: <http://echols.k12.ga.us>

Circle One:

Mr.

Mrs.

Miss

Ms.

\_\_\_\_\_ Date of Application

\_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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

CIRCLE THE POSITION(S) FOR WHICH YOU ARE APPLYING:

PARAPROFESSIONAL  
BUS DRIVER  
SECRETARY

MAINTENANCE  
MECHANIC  
LUNCHROOM WORKER

SUBSTITUTE BUS DRIVER  
SUBSTITUTE LUNCHROOM WORKER  
SUBSTITUTE TEACHER

**PERSONAL DATA**

Do you have a Georgia Work Ready Certificate? (Circle Answer) YES NO  
If YES, please attach copy of Work Ready Certificate

Educational Record: (Circle the highest grade or level completed)

Elementary                    1 2 3 4 5 6 7 8

High School                9 10 11 12 Diploma                    G.E.D.

College                    1 2 3 4 5 6 7 Degree \_\_\_\_\_

PLEASE ATTACH COPY OF DIPLOMA or GED along with Paraprofessional test scores if applying for paraprofessional position.

LIST COLLEGES, UNIVERSITIES, VOCATIONAL SCHOOLS AND/OR OTHER TRAINING INSTITUTIONS THAT YOU HAVE ATTENDED:

	Name of School	City/State	Degree/Certificate Received
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any experience with computers? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify \_\_\_\_\_

Please state briefly why you are applying for work here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD**

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List your last (3) employers:

Name of Firm \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Firm \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Firm \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**PROFESSIONAL REFERENCES**

**(Do not list relatives)**

	Name	Address	Position	Phone No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

The statements in this application are the truth, and I understand that any false statements may be the cause of dismissal. In accepting employment here, I hereby agree, that is with understanding that I will abide by the rules and regulations of the system.

\_\_\_\_\_  
Signature of Applicant

The Echols County Board of Education does not discriminate on the basis of race, age, sex, religion, national origin or handicap in educational programs and activities or in employment.

I understand that in the event I am offered a position Echols County Board of Education, I shall 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.

1. Criminal Conduct

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 adjudication 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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2. The Echols County Board of Education requires fingerprinting for a criminal background check of **ALL new employees (including substitutes)**. The system will reimburse the employee the cost when they are employed by the system. **Falsifying any of the above will nullify the reimbursement of the cost of the fingerprinting/background check.**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Background Check Procedure for Substitutes

(Not required for those applying for full-time work until hired.)

Background checks and fingerprinting for employment is conducted at the Echols County Sheriff's Dept. Office hours are 8am to 5pm and an appointment is usually not required. The fee for fingerprinting and background check is \$43.25 (EXACT cash or money order) and is to be paid to the Echols County Board of Education. The Sheriff's office also charges an additional fee of \$10 that will be paid directly to them.

What is required for the background check and fingerprinting?

- Our office will give you an authorization form and fingerprint cards to take to the Sheriff's Dept.
- You will need a Georgia issued I.D.

What is needed for the Echols Co. Board of Education?

- You will need to return your original application for employment to the Board office in Statenville. Once we receive your results from the Sheriff's Dept. your application package will be complete.
- At the next regular Board of Education meeting your application will be reviewed.

**Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación:**

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

- (1) **correo:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) **fax:**  
(833) 256-1665 o (202) 690-7442; o
- (3) **correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.

