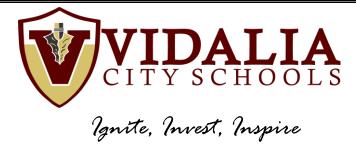
### **APPLICATION PROCEDURES for Certified Positions**

**Vidalia City Schools** 

- 1. An application packet is sent to all individuals who request one.
- 2. Applicants must provide all information on the application forms. Please Do Not write "See Resume."
- 3. Must list five references with complete mailing addresses, emails (if available) and phone numbers. Include current / most recent supervisor or evaluator.
- 4. Official undergraduate and graduate transcripts are required before an offer of employment can be finalized. Copies of official transcripts are acceptable.
- 5. A copy of your teaching certificate MUST be included in the application packet.
- 6. If you have passed the Georgia Teacher Certification Test (TCT), or the PRAXIS (I and/or II), or GACE (basis skills and/or assessment) or another state assessment, a copy of your score report sheet must be included with your application.
- 7. You are encouraged to submit any information and/or data to support your application. This may include, but is not limited to, a resume, recognition awards, presentations, media clippings, etc. Since such items cannot be returned to you, please submit <u>copies</u>.
- 8. Your application will remain in our active file for the current year of receipt or the following academic year if received during the summer months. It is your responsibility to notify us of any changes in the information on your application or if you request your application to remain active for a longer period of time than stated above.
- 9. Your application will be made available to principals; therefore, it is not necessary to provide a copy of the application packet to the schools. Principals will select and contact applicants for interviews as a vacancy becomes available.
- 10. A criminal record check (which includes fingerprinting) is required by state law to be conducted at or prior to employment on every person who is employed by the Board of Education for the first time to fill either a full-time or part-time, certified or classified position with this School District. All background checks are generated electronically and are initiated by the school system. The individual is required to pay all costs associated with the background check.
- 11. A completed application packet will include:
  - 1. Employment Application
    - General Information / Position Desired
    - Education Experience / Professional Preparation
    - Certification
    - Personal Professional Data
    - References
    - Administrative Recommendation (for school office use only, include with application)
  - Certificate and assessment scores
  - 3. College Transcripts
  - 4. Statement Concerning Your Employment in a Job Not Covered by Social Security
    - · applicant signature on this form acknowledges receipt of information received regarding social security benefits
  - 5. Additional supporting documentation (i.e. resume, recognition awards, presentations, media clippings, etc)

1001 North Street, West Vidalia, Georgia 30474 (912) 537-3088 www.vidaliacityschools.org



CERTIFIC Date of Application:	ED EMPLOYMEN	IT APPLICATION		
Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age and marital status, or handicap.				
Please indicate the grade levels and/or subject a	reas for which you wi	sh to apply.		
☐ ELEMENTARY EDUCATION (GRADES P-5)		MINISTRATION ecify position		
MIDDLE GRADES EDUCATION (GRADES 4-8) Subject Area(s) of Concentration	Ar	ECIAL EDUCATION (Grades P-12) ea(s) of Exceptionality epiect Area(s)		
SECONDARY EDUCATION (Grades 6-12) Subject Areas(s)		THER CERTIFIED POSITIONS e. counselor, media specialist)		
The Georgia Department of Education requir It is your responsibili		ninistrative personnel to hold ain a current Georgia certifica	_	
PLEASE TYPE OR PRINT (black or blue ink on				
Name Social Security No				
Address	City _	State _	Zip Code	
Home Telephone #	lome Telephone # Mobile Telephone #			
E-mail address				
Date Available for Employment				
To assist our efforts to comply with Federal/Stat	e equal employment oppo please answer all quest		other legal requirements,	
	RACE / ETHNIC GROUP:			
Date of Birth: Gender: ☐ Male ☐ Female	☐ American Indian / Ala ☐ Caucasian / White (2) ☐ Hispanic (3)	☐ Asian (5		

### **CERTIFICATION**

Georgia Certificate Type(s)			E	xpiration Date	· · · · · · · · · · · · · · · · · · ·
Field(s) of Certification(Attach a copy of certificate,					
Have you taken an assessment test	? 🗆 Yes 🗀 I	No If yes, which one 🗆 TC	「□ Praxis II □ GA	ACE 🗆 other	<del></del>
Date taken/scheduled		🗆 Pas	s □ Fail (Attach	a copy of the score rep	ort(s))
If you do not possess a Georgia tead	ching certific	cate, please indicate what st	ate and field(s) of	certification (Attach	а сору)
		STUDENT TE	ACHING		
Date Completed	Sc	:hool/System			
School Address				Principal	
Supervising Teacher				Grade/Subject_	
Professional improvement is considered minimum of 10-quarter hours per year (			-	_	ee, would you agree to complete a
	-				
TEA	CHING ar	nd/or EDUCATIONAL A		IVE EXPERIENC	E
School System / BOE Address / Phor	ne #	Name of School & Supervisor / Principal	Grade & Subject(s)	Reason for Leaving	Dates of Employment
					From:
					To:
					From:
					То:
					From:
					To:
					From:
					То:
					From:
					To:
NON-TEACHING EXPERIENCE					
Employer		Address	Supervis	sor	Dates of Employment (From-To)
MILITARY EXPERIENCE					
Branch of Service	Type of Discharge		Years of Service		
			• •		
Do you have a military obligation to fulfill?YesNo If yes, please describe:					

### **TENURE**

Have you taught sufficient years in any other (		System so as to esNo	acquire tenure under the Geo	orgia Fair Dismissal Law?
	EDUC	ATION		
(Include high	school, college, gradua	ate work, and su	mmer sessions taken)	
Name of School / Location	Dates Attended		Degree Awarded	Major / Minor
	From	То		
	SCHOOL	ACTIVITIES		
List below those school activitie	es in which you are in	terested and wh	nich you are qualified to coach	ı / direct.
	REFEI	RENCES		
Please list persons qualified to a These (5) five references should be persons	ersons qualified to			
DO NOT LIST RELATIVES OR P	ERSONS WHO CAN EV	ALUATE ONLY Y	OUR PERSONALITY AND CHA	RACTER.

Name / Position	Email Address	Mailing Address	Daytime Phone #

#### ADDITIONAL INFORMATION

If you answer "YES" to any of the following questions, an explanation and supporting documentation must be submitted with this application. Failure to complete ALL of this section will result in the disqualification of your application.

\*Pursuant to O.C.G.A. 20-2-211, all employees are required by Georgia law to be fingerprinted for a criminal history background check.

No	Yes	Have you ever surrendered a teaching license, credential, or permit, or had one denied, revoked, or suspended, or is any investigation or adverse action now pending against you?
No	Yes	Are you now or have you ever been under investigation by the Georgia Professional Standards Commission or any other professional monitoring organization?
No	Yes	Have you ever been dismissed / non-renewed from employment with a school system?
No	Yes	Have you ever been arrested, pleaded guilty or no contest to or been convicted of any criminal offense other than a minor traffic offense? NOTE: Driving While Intoxicated (DWI), Driving Under the Influence (DUI), and similar charges are NOT considered minor traffic offenses.
No	Yes	Have you ever received an unsatisfactory performance evaluation from an employer?
No	Yes	Have you ever been addicted to alcohol or drugs?
No	Yes	Do you have any health condition(s) which may prevent you from performing adequately in this position?
No	Yes	Are you presently receiving, or have you ever received, any compensation or disability benefits?

Do you agree and consent for such *background search and investigation to be conducted, and agree to hold the school district and Georgia School Boards Association and all officials, representatives and employees of the foregoing harmless from all claim for libel, slander, invasion of privacy, intentional infliction of emotional distress and similar claims?   Yes  No
<b>NOTE:</b> All background checks are generated electronically and are initiated by the school system. The individual is required to parall costs associated with the background check.
In the last 12 months, how many days have you lost from work because of illness?
Other reasons?

I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. Furthermore, it is understood that this application, transcripts, and other documentation becomes the property of the Vidalia City School System. In the event of employment, I understand that false or misleading information given in my application or interview(s), including facts concerning my criminal record, may result in dismissal. I understand, also, that I am required to abide by all policies and regulations of the Vidalia City School System.

Signature	Date

### AN EQUAL OPPORTUNITY EMPLOYER

The Vidalia City Board of Education is an equal opportunity employer and does not discriminate against any person on the basis of gender, race, color, religion, national origin, age or handicap/disability in any of its education programs, employment practices or student activities.

# Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name \_\_\_\_\_Employee ID# \_\_\_\_\_

Employer Name VIDALIA CITY SCHOOLS	Employer ID# <u>58-6000175</u>			
Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.				
Windfall Elimination Provision				
Under the Windfall Elimination Provision, your Social Security retirement formula when you are also entitled to a pension from a job where you descrive a lower Social Security benefit than if you were not entitled to a 62 in 2013, the maximum monthly reduction in your Social Security be amount is updated annually. This provision reduces, but does not to additional information, please refer to Social Security Publication, "Winderstein"	id not pay Social Security tax. As a result, you will pension from this job. For example, if you are age nefit as a result of this provision is \$395.50. This tally eliminate, your Social Security benefit. For			
Government Pension Offset Provision				
Under the Government Pension Offset Provision, any Social Security spentitled will be offset if you also receive a Federal, State or local govern pay Social Security tax. The offset reduces the amount of your Social Security tax.	nment pension based on work where you did not			
For example, if you get a monthly pension of \$600 based on earnings thirds of that amount, \$400, is used to offset your Social Security spouse widow(er) benefit, you will receive \$100 per month from Social Security enough to totally offset your spouse or widow(er) Social Security benefit additional information, please refer to Social Security Publication, "Gove	or widow(er) benefit. If you are eligible for a \$500 (\$500 - \$400=\$100). Even if your pension is high t, you are still eligible for Medicare at age 65. For			
For More Information				
Social Security publications and additional information, including informatiable at www.socialsecurity.gov. You may also call toll free 1-800-77 TTY number 1-800-325-0778, or contact your local Social Security office	2-1213, or for the deaf or hard of hearing call the			
I certify that I have received Form SSA-1945 that contains informat Elimination Provision and the Government Pension Offset Provision or	<del>-</del>			
Signature of Employee	Date			
Form <b>SSA-1945</b> (01-2013)				

## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security,** is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an exspouse.

### **Employers must:**

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering

Form **SSA-1945** (01-2013)



### Positions NOT COVERED by Social Security:

Administration, Teachers, Media Specialist, Counselors, Clerical, Bookkeeper, Technology, School Nurse If applying for any of the above positions, sign and date this form and return this with the employment application.

### **Positions COVERED by Social Security:**

Paraprofessionals, Bus Driver/Monitor, Food Service, Maintenance/Custodian, After School Program