

# Trion City Schools

## Substitute Teacher Information

JOB TITLE	Salary
<p><b>Substitute Employee</b></p> <p>Teacher</p>	<p><b>Salary is based on a Per Day basis:</b></p> <p>\$ 100 per day - High School Diploma</p> <p>\$ 120 per day - Associates Degree</p> <p>\$ 140 per day - 4 year degree or higher</p> <p>\$ 160 per day - Teacher Certification</p>
POSITION LOCATION	
<p>Applicants should choose the school location requested</p> <p>___ Elementary    ___ Middle    ___ High    ___ All schools</p>	
GENERAL NATURE OF JOB DUTIES	
<p>Substitute teachers are to adhere to lesson plans provided by the school or teacher, maintain a safe and controlled learning environment and complete other duties as assigned by school administrators or designee. Substitute teachers are required to abide by all rules and regulations of Trion City Board of Education.</p>	
WE MUST HAVE THE FOLLOWING INFORMATION PRIOR TO PROCESSING APPLICATION FOR EMPLOYMENT	
<ul style="list-style-type: none"> <li>Diploma or degree (copy of certificate)</li> <li>Document establishing employment eligibility such as social security card, certified birth certificate or certification of birth abroad (copy)</li> <li>Document establishing identify such as driver's license, passport or other government photo identification card</li> <li>Completion of criminal history check with Chattooga County Sheriff's Department. Completion of the Acknowledgement of No Right to Unemployment Benefits form.</li> </ul>	
SUBSTITUTE TEACHER TRAINING	
<ul style="list-style-type: none"> <li>All substitute teachers without a valid or expired teaching certificate must complete substitute teacher training. If you have had the workshop through another school system, please provide a copy of the Substitute Teacher Certificate.</li> <li>Training is available through the Northwest Georgia RESA website: <a href="http://www.nwgaresa.com">www.nwgaresa.com</a>. There is a \$50 fee required at the time of registration and the candidate is responsible to pay the fee. Upon completion of the workshop, please provide a copy of your certificate.</li> </ul>	<ul style="list-style-type: none"> <li>When all requirements are met and the applicant is considered eligible and approved by the Board of Education, the applicant is then added to the roster of approved substitute teacher.</li> <li>After board approval, candidate will be asked to provide information for completion of substitute teacher personnel file (i.e. tax withholding documents, etc.)</li> </ul>

# Trion City Schools

239 Simmons Street

Trion, Georgia 30753

Phone: (706) 734-2363 FAX: (706) 734-3397

Web Site: [www.trionschools.org](http://www.trionschools.org)

## CLASSIFIED EMPLOYMENT APPLICATION

### Instructions:

1. In order for us to consider your application for employment, we MUST have all information requested. False or misleading information or information improperly omitted may result in denial of the application for employment or termination of employment.
2. You must enclose a copy of diplomas from all schools and colleges attended with this application.
3. You must sign the application on the last page (Section XIII).
4. Georgia law requires fingerprinting of newly employed personnel.
5. This application will be retained in our active files for one year; however, you must respond to specific position postings as they occur.

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Are you legally authorized to work in the State of Georgia and the United States of America?  
 Yes  No

Position(s) for which you are applying: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Education and Professional Training: Include Name and Address of School

Date of High School Completion: \_\_\_\_\_ Date of GED Completion: \_\_\_\_\_

Date of College/Vocational School Completion: \_\_\_\_\_ Certificate/Diploma \_\_\_\_\_

Name of College/Vocational School: \_\_\_\_\_

Additional educational, training or work related experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*AN EQUAL OPPORTUNITY EMPLOYER, the Trion City Board of Education does not discriminate in the educational and employment policies under which it operates and will honor all appropriate laws relating to discrimination.*

## EMPLOYMENT HISTORY

List all previous employers beginning with the most recent:

**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_

**Immediate Past Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Additional Employment History:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Why do you want to work for Trion City Schools?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION:** Answer each question with a yes or no. Exclude events prior to your 18<sup>th</sup> birthday. If you answer YES to any question, please provide details in the follow-up section. ***NOTE: Additional information may be requested at a later date. Providing false or misleading information or the intentional withholding of information will disqualify candidates from employment consideration.***

Have you ever been arrested, convicted of, or pleaded nolo contendere to a violation of any federal, state, County or municipal law, regulations or ordinance? You must include any offense for which a fine of \$100 or more was imposed. Do not include any offense that occurred before your eighteenth birthday. An arrest, conviction or plea of nolo contendere is not an automatic bar to employment. However, the failure to disclose information or providing false information will be grounds for termination or disqualification from employment consideration.

\_\_\_ YES \_\_\_ NO If Yes, complete:

<i>Date</i>	<i>Type of Offense</i>	<i>Law Enforcement Agency</i>	<i>Disposition</i>

\_\_\_ \_\_\_ Have you ever been dismissed from employment with a school system? If yes, explain below.

\_\_\_ \_\_\_ Have you ever been asked to resign from employment with a school system? If yes, explain below.

\_\_\_ \_\_\_ Have you ever been placed on disciplinary probation or been suspended from any position? If yes, explain below.

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:

\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

NAME: \_\_\_\_\_

**AUTHORIZATION STATEMENT:**

I understand that this application, transcript, references and other data are the property of the Trion City Schools and cannot be returned. I understand and agree to a criminal history check as provided by the Official Code of Georgia annotated §20-2-211(e)(1), the policies and rules of the State Board of Education and the Trion City Board of Education. I agree to be fingerprinted by the appropriate law enforcement officials, and I further agree to sign the forms which the law enforcement agency may require me to sign consenting to a criminal record check through the National Crime Information Center and the Georgia Crime Information Center. I further understand that the information obtained from the criminal background check may be used in employment decisions.

I authorize full investigation of the information given in the applicant and consent to the representatives of the Trion City School System contacting my references, and any source of reference other than those given in this application. I understand that all references will be considered private information and will not be disclosed unless required by law. I authorize and agree to cooperate in pre-employment drug screening, medical examinations or other investigation upon which my employment may be conditioned. I hereby release previous employers and other individuals contacted from any liability for any damage resulting from release of information in connection with this application. I understand that nothing in the employment application, in the statements or policies of the Trion City School System or Trion City Board of Education, or in my communication with any System or Board Official is intended to create an employment contract. No promise of employment has been made to me. I understand that any misstatement, misleading statement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

*It is the policy of Trion City Board of Education not to discriminate on the basis of age, sex, race, color, religion, national origin or other legally protected status in its educational programs, activities, or employment practices.*