

Steve J. Smith, Superintendent  
Debra Bass, Payroll Administrator  
Aly Rozier, Bookkeeper  
Debbie Arnold, Administrative Assistant

## Board of Education

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Kim Wright, Chairperson  
Derek Belflower, Vice Chairperson  
Mildred Bloodworth  
Mike Sasser  
Amy Williams

## Employment Information

We are pleased that you have shown an interest in teaching in the Bleckley County School System. Along with an application and the employee reference form, we would request that you also provide us with a résumé and a copy of your teaching certificate. We would encourage you to visit our schools and talk with us about employment opportunities in the Bleckley County Schools. Your application will be reviewed if openings occur. If you should hear of an opening in which you would be particularly interested, please be encouraged to contact the principal of the school or supervisor of the program where the position is located.

Steve J. Smith  
Superintendent of Schools

The Bleckley County School District shall not discriminate on the basis of race, color, sex, age, religion, national origin, handicap, or disability in its educational programs, activities, or employment policies.

# Bleckley County Schools

P.O. Box 516  
Cochran, Georgia 31014

Phone: (478) 934-2821

## Certified/Teacher Application

Fax: (478) 934-9595

### Section I (Demographic)

Name:

_____	_____	_____
Last	First,	Middle

Address:

_____	_____	_____
Street	City,	State Zip

Phone Numbers:

_____	_____	_____
Primary	Secondary	Other

Email Address:

_____
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Position Desired

_____
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_____	_____	_____
Date of Birth	Gender	Social Security Number

Background information:

Have you ever been arrested, pleaded guilty or no contest to, or been convicted of any criminal offense other than a minor traffic offense? \_\_\_ If so, please give detailed information below as to each offense, including the specific offenses for which you were charged, the disposition of the offenses, and the dates, courts, states and counties where you were charged.

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### Section II (Education History)

Institution name and Address	Date of Graduation	Field, Major, or Diploma Type
(high school)		

Please list all valid Georgia teaching certificates:

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### Section III (Work History)

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Please list the last three educational positions held:		
Position Title	Institution Name and Address	Dates

Please list names, addresses, and positions of three people for references. Superintendents, principals, or college advisors are preferred. Also, please use the attached reference forms.		
Name	Position	Address

### Section IV (Signature)

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**Notice:** The furnishing of false or misleading information or the intentional withholding of material facts, including facts concerning one's criminal record, will constitute grounds for immediate termination of employment.

I understand and agree to a criminal record check as provided by O.C.G.A. 20-2-211, the policies and rules of the State Board of Education and of this board of education. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign the appropriate 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 understand that I will be issued only a temporary contract of employment (if hired) pending the outcome of criminal record check.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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P.O. Box 516

Cochran, Georgia 31014

Phone: (478) 934-2821

**Request for Professional Reference**

Fax: (478) 934-9595

\_\_\_\_\_ has applied for a position as a(n) \_\_\_\_\_ in the Bleckley County School System. Your evaluation of the applicant will be a service to this office and to the applicant. Thank you for your time and assistance.

Steve J. Smith  
Superintendent of Schools

This evaluation form is confidential and will not be shown to the Candidate unless he/she has marked the non-confidential box and signed the form.

Non-confidential Evaluation (open to review by candidate)

Signature \_\_\_\_\_

Date \_\_\_\_\_

- |                   |
|-------------------|
| 1) Not Applicable |
| 2) Unobserved     |
| 3) Strong         |
| 4) Satisfactory   |
| 5) Marginal       |
| 6) Unsatisfactory |

	1	2	3	4	5	6
<b>Professionalism</b>						
Seeks professional growth						
Fulfills assignments according to policies						
Maintains good physical and mental health						
Contributes to total school program						
Is regular in attendance						
<b>Instruction</b>						
Demonstrates knowledge and enthusiasm when teaching						
Plans and organizes for effective instruction						
Offers stimulating psychological and physical environment						
Uses resources and methods appropriately for teaching						
Practices good communications skills						
<b>Student Management</b>						
Maintains positive, respectful, and professional manner						
Involves students in the learning process						
Is consistent and fair in dealing with students						
<b>Personal Relationships</b>						
Accepts others						
Exercises and respects proper authority						
<b>Overall Evaluation</b>						

Please indicate your type of acquaintance with this applicant:

Would you employ this applicant in such a position?

**Please feel free to add any additional comments on the back of this form.**

Should we call you for additional information?

Signature \_\_\_\_\_

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

Position \_\_\_\_\_

Date \_\_\_\_\_