

# Bleckley County Schools

P.O. Box 516  
Cochran, Georgia 31014

Phone: (478) 934-2821

Fax: (478) 934-9595

## Substitute Teacher Application

Name:

Last	First	Middle
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Address:

Street	City	State Zip
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Phone Numbers:

Primary	Secondary	Other
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Email Address:

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Secondary Email:

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Date of Birth	Gender	Social Security Number
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**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.

Check below which option best describes your educational background:

- 1) Possession of a valid Georgia teaching certificate
- 2) Possession of an expired Georgia teaching certificate based on a baccalaureate degree or higher
- 3) Possession of an out-of-state valid or expired teaching certificate based on a baccalaureate degree or higher
- 4) Completion of a baccalaureate degree or higher
- 5) Completion of one or more years of postsecondary training (in addition to a high school diploma)
- 6) Possession of a high school diploma
- 7) Possession of a general education development (GED) certificate

Please list the name and address of the high school from which you graduated and the year of graduation.

Yes  No  If you marked one of options 3-7 above, have you had substitute teacher training?

If yes above, when was the training, and who provided it?

I prefer to substitute in the following school(s):    Pre-K     Primary     Elementary     Middle     High

If you have had any experience working with children, what were the age groups and in what capacity did you work?

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Please list the information for three references below:

Name	Address/Phone	Relationship

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 temporary employment (if hired) pending the outcome of criminal record check.

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.

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

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