



270 Lakeview Drive - P.O. Box 29

Commerce, GA 30529

706-335-5500

PROFESSIONAL APPLICATION

Date: _____

Social Security Number

Teacher Retirement Number

Mr.
Mrs.
Miss
Ms.
Dr. _____
(Last) (First) (Middle) (Maiden)

PRESENT ADDRESS: _____
(Street/Box) (City) (State) (Zip)

TELEPHONE NUMBER: Area Code () _____ E-Mail Address: _____

PERMANENT ADDRESS: _____
(Street/Box) (City) (State) (Zip)

TELEPHONE NUMBER: Area Code () _____

Do you hold a valid Georgia Certificate? Yes _____ No _____

Certificate Type: _____ Field: _____

(Please attach certificate or list date applied for _____)

HAVE YOU PASSED THE TEACHER CERTIFICATION TEST? Yes _____ No _____ Field: _____

POSITION DESIRED: (Please Check)

_____ K-5 Field: _____ 6-8 Field: _____ 9-12 Field: _____
Elementary Middle School Secondary

Would you accept extra-curricular duties? _____ Yes _____ No

If yes, what activities are you interested in? _____

III. Add here any additional information you believe will help us arrive at a true estimate of your qualifications.

By filing an application with the Commerce City Board of Education, I understand that any misrepresentation or omission of facts on this application is cause for termination of employment. I understand that Commerce City School System may contact my previous employers.

Signature of Applicant

Date

This application will remain active for one academic year. To retain active status, please notify the Commerce City Board of Education office prior to the end of the year.

FOR OFFICE USE ONLY:

Interviewer: _____

Date _____

Comments:

Reference Comments:

1. I understand that in the event I am offered a position with this school system that requires certification by the Professional Standards Commission, I may 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.

2. Criminal Conduct

(A) 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 adjudications, 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.

(B) Have you ever been charged with any crime or been named in an indictment, accusation, or special presentment of any, other than a minor traffic violation?

_____ Yes _____ No

Signature of Applicant / Employee

Date