

TO: All Certified Applicants

FROM: Director of Personnel

Thank you for your interest in the Liberty County School System. To qualify as a certified teacher, you must possess a degree in education and have documentation to support.

As part of our hiring procedures, all applicants must have the following:

- A four-year college degree in education or have completed a Georgia PCS approved program of certification
- Have taken and passed the GACE Basic Skills Assessment (all 3 areas) or show proof of exemption (SAT combined scores of 1000 or higher or ACT score of 43 or higher; GACE Content Assessment or PRAXIS Content Area Assessment)
- Documentation verifying the above requirements

**All applications need to be returned to 200 Bradwell Street, Hinesville, Georgia.**

**YOU MUST HAVE A COMPLETE APPLICATION BEFORE RETURNING IT TO THE BOARD OFFICE.**

THE COMPLETE APPLICATION PACKAGE INCLUDES THE FOLLOWING:

- \_\_\_\_ Official college transcript(s)
- \_\_\_\_ Valid Teaching Certificate
- \_\_\_\_ Resume
- \_\_\_\_ Test scores (GACE; PRAXIS)
- \_\_\_\_ \*(Two (2) recommendations (Returned in a sealed envelope)

**INCOMPLETE APPLICATION PACKAGES CANNOT BE CONSIDERED.**

One recommendation must be completed by a past immediate supervisor. The other recommendation may be completed by a character reference. If you do not have past employment, we will require two character references to complete the recommendation forms. We prefer that recommendations be returned in a sealed envelope with the signature of the person filling out the form signed across the back seal.

Thanks again for your interest in the Liberty County School System. We are constantly in need of talented people to provide quality support for our educational program.

For Office Use Only  
 \_\_\_\_\_ Log No.  
 \_\_\_\_\_ Teaching Area



Liberty County Board of Education  
 200 Bradwell Street  
 Hinesville, GA 31313

**APPLICATION FOR EMPLOYMENT  
 CERTIFIED PERSONNEL**

\_\_\_\_\_ Date of Application

Middle Name \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

<b>P E R S O N A L</b>	Last Name	First	Middle	Date	
	Present Street Address			Home Telephone ( )	
	City, State, Zip			Business Telephone ( )	
	Permanent Street Address			Social Security #	
	City, State, Zip			Telephone ( )	
					**Birth Date
	Names, Positions and relationships of relatives working for the Liberty County School System:				
	Are you a citizen of the United States? If you are not a citizen of the United States of America, you must furnish a copy of your Permanent Residency Permit or other document allowing you to legally work in this country.				
When will you be available for employment?					

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. PL 90-202 prohibits discrimination because of age. Section 504 of the Rehabilitation Act of 1973 (PL 93-112) prohibits discrimination on the basis of handicap. The Board of Education will use this data for statistical purposes only. The Americans with Disabilities Act of 1990 prohibits discrimination based on the presence of a disability.

Indicate Position for which you are applying.

<b>C E R T I F I C A T I O N</b>	Early Childhood (P - 5)	Middle Grades (4 - 8)	Secondary (7 - 12) Subject	Special Education (Indicate Exceptionality)	Administration/ Supervision
	Do you presently hold a valid Georgia Teaching Certificate? Yes _____ No _____ Type: _____ Validity Period: _____				
	If not, have you applied for a certificate? Yes _____ No _____ Date applied: _____				
	Have you taken the Georgia Teacher Certification Test? Yes _____ No _____ (If yes, please enclose copy of test results)				
	Have you previously held a Georgia teaching certificate? Yes _____ No _____ If yes, please enclose a copy.				
	Do you presently hold a out-of-state teacher's certificate? Yes _____ No _____ If yes, please enclose a copy.				
	Have you ever had a teaching certificate suspended or revoked? Yes _____ No _____ If yes, please explain.				

<b>E D U C A T I O N</b>	Schools / Colleges Attended	Date Beginning/Ending	Diploma / Degrees Earned	Major	Minor
	<b>STUDENT TEACHING:</b>				
	Name & Location of School	Dates	Grades or Subject	Supervising Teacher & Principal	

<b>E M P L O Y M E N T</b>	<b>TEACHING:</b> Report in chronological order all teaching experience. (Do not include substitute teaching). Continuous experience in one system should be reported on the same line.						
	School	County/ State	From Mo. Yr.	To Mo. Yr.	Total Years	Grades or Subjects Taught	Reason for Leaving
	<b>OTHER EMPLOYMENT:</b>						
	List all full-time non-teaching employment as well as any special training which you believe will contribute to your success as a teacher. (Do not list summer jobs unless they are significant to your application.)						
Position	Firm or Agency	Address	Dates: From		To		

<b>E M P L O Y M E N T</b>	<b>MILITARY EXPERIENCE:</b>			
	Branch of Service	Mos./Yrs. of Service	Highest Rank	Type of Discharge

<b>R E F E R E N C E S</b>	Please give names, addresses, and telephone numbers of at least three individuals qualified to show your fitness for the position you seek. Experienced teachers must list former principals, supervisors, etc. Two references must be in writing (see attached recommendation forms). Only beginning teachers who have completed student teaching should list their college supervisor and supervising teacher as references. Beginning teachers may have their college placement file sent to the personnel office in lieu of recommendation forms.			
	Name of Individual	Official Position	Mailing Address	Telephone Number
				(   )
				(   )
				(   )

<b>B A C K G R O U N D  D A T A</b>	Have you acquired tenure in any Georgia public school system? Yes _____ No _____ If, yes, give system name. _____
	How many days were you absent from work last year? _____
	List special honors won in college and in previous teaching assignments: _____
	List clubs or organizations of which a member (past or present): _____
	List special interest or hobbies: _____
	Are you presently under a teaching contract? Yes _____ No _____ If so, what school system? _____ Date contract expires: _____
	Have you ever failed to have a contract renewed? Yes _____ No _____ If yes, attach an explanation.
	Have you ever had a teaching credential, denied, revoked, or suspended in any state? Yes _____ No _____ If yes, attach an explanation.
	Have you ever been charged with, pled guilty to, or been convicted of any offense relating to the possession or distribution of illegal drugs? Yes _____ No _____. If yes, provide a complete explanation including date of plea or conviction, county and state of plea or conviction, and disposition of plea or conviction.
	Have you ever been convicted of any other felony or misdemeanor other than minor traffic offenses? Yes _____ No _____ If yes, attach an explanation.

**ADDITIONAL COMMENTS:**

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Provide, in your own handwriting, reason(s) for your choice of education as a profession.

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\*\* Information Not Mandatory.

\*\*\*NOTE: APPLICATIONS WILL BE KEPT ON FILE ONE YEAR FROM THE INITIAL FILING DATE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAINTAIN A CURRENT APPLICATION ON FILE FOR FUTURE EMPLOYMENT OPPORTUNITIES.

**SIGNATURE:**

If employed with the Liberty County School System, I agree to abide by all the policies set forth by the Liberty County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Liberty County Board of Education to contact my references, previous employers, schools attended, court officials, and law enforcement authorities. I also understand that any misstatement or omission of any information requested may be a reason for non-employment or dismissal from employment. The application, references, and other data will become the property of the Liberty County Board of Education and will not be returned to the applicant.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

We appreciate your interest in the Liberty County School System. Please mail this application to the following address:

Liberty County Board of Education  
200 Bradwell St  
Hinesville, Georgia 31313

**EQUAL OPPORTUNITY EMPLOYER**



**Liberty County Board of Education**  
**Attn: Personnel Department**  
**200 Bradwell Street**  
**Hinesville, Georgia 31313**

**Recommendation for Employment**  
**CERTIFIED PERSONNEL**

Applicant's Name: \_\_\_\_\_

has applied for a teaching position in the certification area of

\_\_\_\_\_ with the Liberty County School System. Please be assured that your evaluation of the applicant and other information will be treated confidentially and used in a professional manner.

Please check the appropriate columns below for which you have adequate information for appraisal:

**PERSONAL**

	No Opportunity to Observe	Excellent	Good	Fair	Poor
Leadership Qualities					
Honesty & Integrity					
Attendance					
Judgment & Adaptability					
Self-Control					
Tact					
Cooperation with others					

**PROFESSIONAL**

	No Opportunity to Observe	Excellent	Good	Fair	Poor
Classroom Control					
Enthusiasm for teaching					
Knowledge of subject					
Loyalty					
Skill in instructing					
Response to constructive criticism					
Relationship to students					
Relationship to peers					

**OVERALL EVALUATION OF THIS APPLICANT:**

Excellent					Good					Fair					Poor				

20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1





Liberty County Board of Education  
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 200 Bradwell Street  
 Hinesville, Georgia 31313

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**PROFESSIONAL**

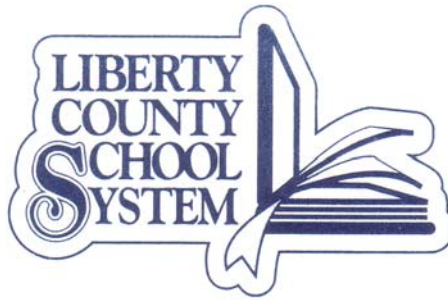
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## AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant (Full Legal Name): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby fully authorize and consent to the following:

- A. a criminal record check and attendant fingerprinting as authorized by section 20-2-211 of the Official Code of Georgia Annotated and the policies and rules of the state and local Boards of Education, together with the execution of any and all documents required by the participating law enforcement agency (ices) in connection with said criminal record check through the National Crime Information Center and /or the Georgia Crime Information Center.
- B. the furnishing or other disclosure by any present and /or former employer of such information and material as may be requested by the Liberty County Board of Education relative to my performance as an employee, it being understood and agreed that any right I may have for such information to remain confidential is hereby expressly waived; and
- C. the full and complete investigation given in any application or other form completed in anticipation of employment, promotion or reassignment with the Liberty County Board of Education, to include (without limitation) the contacting of all references, previous employers, schools attended, court officials, law enforcement authorities, and such other persons as may be needed to confirm such information.

I understand that any information released to the Liberty County Board of Education hereunder will be used only to make an employment decision and for no other purpose. The application, references, criminal report and other data furnished or obtained in connection with my application for employment, promotion, or reassignment are the property of the Liberty County Board of Education and will not be returned to the applicant.

This Authorization for Release of Information will serve as a release of any and all information to the Liberty County Board of Education as set forth hereinabove, and a photocopy or facsimile hereof shall be deemed an original for all purposes. I have fully read and understood this Authorization before signing, and execute the same voluntarily and without compulsion duress or undue influence of any kind.

The furnishing of false or misleading information, or the intentional withholding of material facts, including (without limitation) facts concerning one's criminal record, shall be a reason for non-employment or immediate dismissal of employment.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THE LIBERTY COUNTY BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, SEX, RELIGION, CREED, NATIONAL ORIGIN, AGE, OR DISABILITY. FURTHERMORE, CRIMINAL CONVICTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. FACTORS SUCH AS THE TYPE AND SERIOUSNESS OF THE CRIME, THE FREQUENCY OF THE VIOLATIONS, YOUR AGE AT THE TIME, AND YOUR ENTIRE EMPLOYMENT HISTORY WILL BE TAKEN INTO CONSIDERATION.



**Effective May 19, 2008 Fingerprinting and Background checks will be processed using the LiveScan System. The cost for this service is \$60. Payments must be made by cash or money order only. Money orders must be made payable to The City of Hinesville. No checks, debit cards or credit cards will be accepted.**

**Current Active Employees**

Teachers/Paraprofessionals who are seeking certificate renewal will only need to obtain a Background Check. Other employees who are fulfilling the requirements for criminal history update (every 5 years) will also require a Background Check. The cost for this service is \$20.

The attached form must be completed with all your information prior to visiting the Hinesville Police Department. The attached form becomes property of The Hinesville Police Department. Photo identification is required.

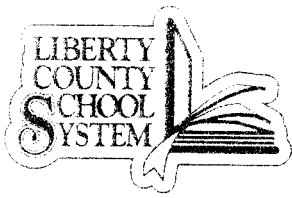
**Please return LiveScan receipt/Background check to the Liberty County Board of Education.**

**Hinesville Police Department**

**Location:** 123 East M.L. King Jr. Drive, Hinesville, Georgia 31313

**LiveScan Hours of Operation:** Monday-Friday 8:00 am. to 5:00 pm.

**Phone:** 912-368-8211



Hinesville Police Department  
123 East Martin Luther King Jr. Drive  
Hinesville, GA 31313

Dear Sir/Madam:

The individual listed below is employed by Liberty County School System or submitting an application for employment. In compliance with OCGA 20-2-211, all school system employees must be fingerprinted.

The employee/applicant has signed a Consent form for the Liberty County Board of Education to obtain any Criminal History Record information that may be on any local, state or national records.

Sincerely, .

Delilah S. Norris  
Director of Personnel

### SCHOOL SYSTEM APPLICANT INFORMATION

Live Scan \_\_\_\_\_

Background Check \_\_\_\_\_

**Please Print or Type**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Aliases Used/ Other Names Used: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

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

Officer: \_\_\_\_\_