

# LINCOLN COUNTY BOARD OF EDUCATION

423 Metasville Road  
PO Box 39  
Lincolnton, Georgia 30817  
Phone 706-359-3742

## NONCERTIFICATED EMPLOYMENT APPLICATION

**APPLICANT NOTE** Please answer all appropriate questions completely and accurately. Please type or print. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, religion, race, age color, national origin, marital or veteran status, the presence of disabilities, or any other legally protected status. The social security number is needed for the processing of your application. Its use will not violate EEOC guidelines. Applications will remain on file for one year.

Today's Date \_\_\_\_\_ Date Available to Begin Employment \_\_\_\_\_

### PERSONAL DATA

Applicant's Name \_\_\_\_\_  
Last                      First                      Middle                      \_\_\_\_\_  
Social Security Number

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip                      Telephone

### INDICATE POSITION(S) DESIRED

- Substitute Teacher     
  Maintenance     
  Paraprofessional     
  Bus Driver     
  Substitute Bus Driver  
 Secretarial     
  Food Service     
  Substitute Food Service     
  Other (Explain) \_\_\_\_\_

**EDUCATION** A copy of your high school diploma and/or other diplomas/degrees must be attached if applying for Secretarial, Substitute Teacher, or Paraprofessional position.

HIGH SCHOOL/COLLEGE	CITY	STATE	DIPLOMA/ DEGREE TYPE

### WORK EXPERIENCE

EMPLOYER	POSITION HELD	DATE OF EMPLOYMENT	SUPERVISOR'S NAME AND PHONE NUMBER

### REFERENCES

NAME	ADDRESS	CITY/STATE/ZIP CODE	PHONE NUMBER

SECURITY

Have you been convicted of any crime under the laws of the State of Georgia, the United States, or any other state, other than routine traffic offenses? \_\_\_\_\_NO \_\_\_\_\_ YES. If "yes" state the date of such conviction, the name and address of the jurisdiction where such conviction was obtained, and a description of the offense. This includes the entering of pleas of nolo contendere, first offender treatment, or the like.

Date of Conviction \_\_\_\_\_ Name of Jurisdiction \_\_\_\_\_  
Address \_\_\_\_\_

Have you ever been indicted or charged with any felony offense by any state of the U.S.? If so, state the name and address of the jurisdiction making the charges, the deed thereof, the nature of the offense and the final disposition thereof. \_\_\_\_\_ NO \_\_\_\_\_ YES

Name of Jurisdiction \_\_\_\_\_ Address \_\_\_\_\_  
Nature of Offense \_\_\_\_\_  
Disposition \_\_\_\_\_

Have you ever been terminated from any employment or given an opportunity to resign in lieu of responding to charges for suspension or dismissal? \_\_\_\_\_NO \_\_\_\_\_ YES. If so, state the name and address of the employer, the date of the dismissal, the reason or charges given for the action in question and any explanation that you wish to include.

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

STATEMENTS

Please include statements explaining your interest in this job. Also list what you believe to be your outstanding qualifications for the job/position.

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

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school district and/or its agents to verify any of this information by searching appropriate information and record sources. I understand that in the event I am offered a position with this school system, I may be required to be fingerprinted and have a criminal background check. I further understand that the information obtained from the criminal background check may be used in employment decisions. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Employment applications of public employees are subject to the provisions of Georgia's open records law.**