

PARAPROFESSIONAL APPLICATION

**PULASKI COUNTY SCHOOLS
72 WARREN STREET
HAWKINSVILLE, GEORGIA 31036**

**PHONE: (478) 783-7200
FAX: (478) 783-7204**

NAME: _____
LAST FIRST MIDDLE/MAIDEN

ADDRESS: _____
STREET

CITY STATE ZIP CODE

HOME PHONE: _____ **OTHER CONTACT PHONE:** _____

SOCIAL SECURITY NUMBER: _____ **(ATTACH COPY OF ID CARD)**

DO YOU HAVE ANY CHRONIC ILLNESS OR PHYSICAL IMPAIRMENT WHICH MAY INHIBIT YOUR JOB PERFORMANCE? IF YES, PLEASE ELABORATE: _____

ARE YOU PRESENTLY EMPLOYED? _____ **CURRENT SALARY** _____

DATE AVAILABLE FOR EMPLOYMENT: _____ **EXPECTED SALARY** _____

WORK EXPERIENCE: (LIST CHRONOLOGICALLY, LAST/CURRENT FIRST)

COMPANY NAME BEGIN/ENDED POSITION REASON FOR LEAVING

IF YOU HAVE HAD ANY EXPERIENCE WORKING WITH CHILDREN, WHAT WERE THE AGE GROUPS AND THE CAPACITY?

BACKGROUND INFORMATION: Have you ever been arrested, entered a plea of guilty or no contest to, or been convicted of any criminal offense other than a minor traffic offense? _____
If so, please give detailed information on a separate sheet of paper as to each offense, including the specific offense for which you were charged, the disposition of the offense, and the date, court, state, and county where you were charged. Please be advised that any criminal charges beyond age 17 are a part of your criminal history record.

EDUCATION: (PLEASE ATTACH COPIES OF DIPLOMA, DEGREES, GED, ETC.)

NAME/ADDRESS OF HIGH SCHOOL: _____
DATES ATTENDED: _____ **DID YOU GRADUATE?** _____
GED? _____

NAME/ADDRESS OF COLLEGE: _____
DATES ATTENDED: _____ **DEGREE:** _____
MAJOR: _____

NAME/ADDRESS OF TECHNICAL SCHOOL: _____
DATES ATTENDED: _____ **DIPLOMA:** _____

Paraprofessional applicants must meet one or more of the following requirements: hold an associate of arts degree; have two years of college; or have demonstrated, through a state or local academic assessment, knowledge of the ability to assist in the instruction of reading, writing, and mathematics. If you do not hold an associate's degree or have two years of college, have you taken and passed the State required Paraprofessional Test? _____ **Yes** _____ **No**

THREE REFERENCE FORMS ARE ATTACHED TO AND ARE A PART OF THIS APPLICATION. COMPLETE THE TOP PORTION OF THESE FORMS AND SEND TO THE THREE REFERENCES LISTED BELOW WITH A REQUEST THAT THEY BE RETURNED DIRECTLY TO THIS OFFICE. THESE REFERENCES SHOULD BE EMPLOYERS OR INSTRUCTORS THAT ARE FAMILIAR WITH YOUR ABILITIES.

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____

IF YOU HAVE A CURRENT RESUME', PLEASE ATTACH.

I DO SWEAR THAT THE FOREGOING INFORMATION IS ACCURATE AND TRUTHFUL.

SIGNED _____ **DATE** _____

(THIS APPLICATION WILL BE HELD ON ACTIVE STATUS FOR TWO YEARS. AT THE END OF THIS PERIOD OF TIME, YOU MAY WISH TO REAPPLY.)

The Pulaski County Board of Education is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, national origin, or handicap/disability in its employment practices.

**REFERENCE FORM
PARAPROFESSIONAL**

**PLEASE RETURN THIS FORM
PROMPTLY TO:**

NAME OF REFERENCE

ADDRESS

CITY/STATE

**PULASKI COUNTY BOARD OF
EDUCATION
72 WARREN STREET
HAWKINSVILLE, GEORGIA 31036
FAX: (478) 783-7204**

I have submitted an application for a position as a Paraprofessional with the Pulaski County School System. Please check the appropriate columns below and mail or fax this form at your earliest convenience to the address above.

LAST NAME FIRST MIDDLE (MAIDEN IF MARRIED)

SIGNATURE OF APPLICANT

DATE

	SUPERIOR	AVERAGE	BELOW AVERAGE	UNSATIS- FACTORY	NOT KNOWN
INTELLECTUAL CAPACITY (alertness, ability to learn)					
CLERICAL SKILLS					
SELF-CONTROL AND POISE (emotionally mature)					
HEALTH/ATTENDANCE RECORD					
COOPERATION (with supervisors & co-workers)					
COMMON SENSE					
LOYALTY & RELIABILITY					
PUNCTUALITY					
ADAPTABILITY					

Would you hire this applicant if you had a vacancy for which he or she was qualified? _____
In what capacity have you known this applicant? _____

Comments: _____

Signature

Position

Date

CONFIDENTIAL INFORMATION

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NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations, Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor (O.C.G.A. 35-3-34(b) and 35-3-35(b)).

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime prevention and Privacy Compact Council. The agency may provide you with a copy of your criminal history record for review and possible challenge.

If you decide to challenge the accuracy or completeness of your criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, 5 U.S.C. §552(a)(note) you are hereby notified this application requests your social security number. The disclosure of your social security number **is mandatory** for the following purposes:

- 1) Performing a criminal background check pursuant to O.C.G.A. §35-3-30 et. seq.
- 2) If hired, for purposes of tax collection pursuant to 42 U.S.C. §405

The disclosure of your social security number **is optional, not mandatory** for the following purposes:

- 1) Verification of your identity;
- 2) Verification of your employment eligibility;
- 3) To assist the Federal and State Equal Employment Opportunities record keeping, reporting and other legal requirements;
- 4) To verify your previous work experience;
- 5) To verify your identity on your recommendation form.

CONSENT FORM

I hereby give consent for the **PULASKI COUNTY BOARD OF EDUCATION** to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

NAME: _____

ADDRESS: _____

Sex: _____ Race: _____ Date of Birth: _____ Social Security Number: _____

This authorization is valid for 365 days from the date of signature.

_____ I hereby give consent to the above named to perform periodic criminal history background checks for the duration of my employment with the company.

Signature

Date

_____ My commission expires: _____

Notary Public

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used:

_____ Employment (E) – Provides Georgia Criminal History Record Information

_____ Employment with Mentally Disabled (M) – Provides Georgia Criminal History Record Information

_____ Employment with Elder Care (N) – Provides Georgia Criminal History Record Information

_____ Employment with Children (W) – Provides Georgia Criminal History Record Information

_____ Public Records (P) – Provides Georgia Felony Convictions Only

The inquiry resulted in the following: (Check all that apply)

_____ No Georgia CHRI Results Available

_____ Georgia CHRI Attached/Released

_____ No NCIC/GCIC Warrant Results Available

_____ Possible NCIC/GCIC Warrant. Contact Agency Listed Below:

Wanting Agency Name: _____

Agency Telephone: _____

Agency Designee Signature and Title

Date

COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS FORM!