

Catholic Education of North Georgia, Inc.
Office of Catholic Schools
2401 Lake Park Dr., S.E.
Smyrna, GA 30080

SUBSTITUTE TEACHER APPLICATION

Preferred school _____

Date _____

Catholic Education of North Georgia, Inc. believes that you are entitled to equal employment opportunities based on your qualifications and without regard to race, color, sex, age, national origin or disability. It is also the policy of Catholic Education of North Georgia, Inc. that every employee has the right to work in an environment that is free from illegal harassment.

GENERAL INFORMATION

School(s) of preference _____

Level of preference MAY CIRCLE MORE THAN ONE K-2 3-5 6-8 9-12

Proficiency in subject area(s) _____

Name _____ S.S.# _____
LAST FIRST MIDDLE MAIDEN

Address _____ Phone _____
STREET CITY STATE ZIP HOME

Phone _____ Date available for employment _____ Email: _____
WORK

Are you legally authorized to work and remain in the United States of America? Yes No

If not, indicate work status _____

EDUCATIONAL/PROFESSIONAL TRAINING List all colleges/universities attended and attach transcript(s).

Name and address of school <small>INCLUDE HIGH SCHOOL, COLLEGES & TRADE SCHOOL</small>	Dates attended <small>FROM/TO</small>	Degree/Diploma	Major	Minor

Do you have a valid Georgia driver's license? Yes No

Area(s) of proficiency: Word processing Spreadsheet Database

Are you on another substitute list? Yes No If yes, where? _____

REFERENCES Please note that telephone numbers *must* be listed on all references.

Professional References Please list persons with whom you have worked in a professional setting.

1. _____
CONTACT NAME TITLE WORK PHONE HOME PHONE

_____ COMPANY NAME E-MAIL

_____ STREET CITY STATE ZIP

2. _____
CONTACT NAME TITLE WORK PHONE HOME PHONE

_____ COMPANY NAME E-MAIL

_____ STREET CITY STATE ZIP

Have you ever been employed by the Archdiocese? Yes No If so, where/when? _____

Personal References Use if you have no previous work experience. Do *not* list relatives.

1. _____
NAME TITLE WORK PHONE HOME PHONE

STREET CITY STATE ZIP

2. _____
NAME TITLE WORK PHONE HOME PHONE

STREET CITY STATE ZIP

Have you ever: If you answer yes to any of the following questions, please attach an explanation.

Been dismissed from employment? Yes No

Been asked to resign? Yes No

Received an annual unsatisfactory performance evaluation from an employer? Yes No

Been placed on disciplinary probation or been suspended from any position? Yes No

PERSONAL INFORMATION

Have you ever been convicted by federal, state or other law enforcement authorities or pleaded *nolo contendere* for violation of any federal law, state law, county or municipal law, regulation or ordinance? You must include any offense for which a fine of \$100 or more was imposed. Do not include any offense that occurred before your eighteenth birthday. Yes No If yes, complete the following.

TYPE OF OFFENSE	DATE	NAME OF LAW ENFORCEMENT AUTHORITY	DISPOSITION / OUTCOME
Georgia law requires criminal history checks and/or fingerprints on all newly employed personnel			

EMPLOYMENT RECORD List the last two previous experiences, beginning with the most recent. Include current educational and non-educational work experience. A résumé *cannot* substitute for this information.

Dates	Position
FROM	TO

Employer					
NAME	ADDRESS	CITY	STATE	ZIP	PHONE

Reason for leaving _____

Dates	Position
FROM	TO

Employer					
NAME	ADDRESS	CITY	STATE	ZIP	PHONE

Reason for leaving _____

MILITARY EXPERIENCE IF APPLICABLE

Service branch	Induction date	Separation date

Highest rank	Type of discharge

PROFESSIONAL EXPERIENCE

Describe any professional experiences that you feel have contributed to your preparation for substitute teaching. Please complete this section in your own handwriting.

CERTIFICATION *Please read carefully before signing.*

I HEREBY CERTIFY that all answers are true to the best of my knowledge and I agree to have any of the statements checked by Catholic Education of North Georgia, Inc., unless I have indicated to the contrary. Should a job offer be made, I understand my continuing employment, if hired, is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job.

I understand that this employment application contains nothing intended to lead or create any employment contract with Catholic Education of North Georgia, Inc., and may be terminated by either party at any time.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either Catholic Education of North Georgia, Inc. or I may terminate the relationship at any time, with or without cause and/or with or without notice. The only exceptions to this employment-at-will arrangement are those limited situations in which professional educators have written annual contracts signed by Catholic Education of North Georgia, Inc.

I understand that any misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations contained herein or in conjunction with the application process may be cause for dismissal.

Signature _____

Date _____