

# BULLOCH ACADEMY

RETURN TO:  
Bulloch Academy  
Leisa Houghton  
873 Westside Road  
Statesboro, GA 30458  
912-764-6297 or 912-764-3165 (fax)

## APPLICATION FOR TEACHING POSITION

(Including administrators, counselors, media specialists)

Bulloch Academy is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion and national and/or ethnic origin.

"Challenging, Teaching, and Nurturing  
Tomorrow's Leaders Today"

www.bullochacademy.com

### INSTRUCTIONS: Complete (please type or print) all sections accurately to facilitate processing your application.

The following information is required before an application is considered complete: three professional references (or college placement file), transcripts of course work at all colleges and universities. Unofficial copies of test scores and transcripts are acceptable.

Date \_\_\_\_\_ Date available to begin employment \_\_\_\_\_ Are you interested in substitute teaching?

#### 1. PERSONAL DATA

Applicant's Name _____			Social Security Number _____		Former Last Name(s) _____
Last	First	Middle	Zip Code	Telephone	
Permanent _____			_____	( )	_____
Local _____			_____	( )	_____
Temporary _____			_____	( )	_____

#### 2. EMPLOYMENT/REFERENCES

Are you currently employed?  YES  NO If YES, may current employer be contacted for verification?  YES  NO  
If NO, state reason(s): \_\_\_\_\_

POSITION(S) DESIRED:  Full Time Teacher  Part Time Teacher  Other \_\_\_\_\_

List Grade and/or Subject Preferences: \_\_\_\_\_

List sports/club activities you would be willing to coach/sponsor: \_\_\_\_\_

List languages in which you are proficient: \_\_\_\_\_

#### 3. GEORGIA CERTIFICATION INFORMATION (Certification Web Site: <http://www.gapsc.com>)

Do you have a Georgia Certificate? (Required if employed)  YES  NO  Copy Attached

If YES: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Field(s) \_\_\_\_\_ Type \_\_\_\_\_

If NO: Application has been made Yes  No  Evaluation Enclosed Yes  No

Have you passed the appropriate Georgia certification test? TCT-  Yes  No Praxis II-  Yes  No  Copy Attached

#### 4. COLLEGE EDUCATION

Transcripts to be Received From:	Major	Minor	Degree Date	Degree Type	GPA	Check Grading System			
						3 Pt.	4 Pt.	P/F	Other

#### 5. REFERENCES

List three former supervisors or college teachers from whom you will request references. (Forms are in the application package.) Applicants with teaching experience are required to send reference forms to former employing principal(s), instructional supervisor(s) and department head(s). Three professional references are required, including two (2) most recent supervisors. If your placement file contains references from your supervising teacher, supervising principal, college supervisor and major professor, it is not necessary to send reference sheets to those individuals. It is your responsibility to request your college placement file, transcripts and other references.

Name and Title	Address	City, State, Zip	Phone
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**6. EMPLOYMENT**

List **all** employment in chronological order, beginning with your current employment. Attach additional pages, if necessary.

POSITION (Grade/Subject)	DATES		TOTAL Yrs.	SUPERVISOR'S NAME	TELEPHONE	SCHOOL DISTRICT/ORGANIZATION/STATE
	From	To				
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**7. INTERNSHIPS/STUDENT TEACHING EXPERIENCE**

School	Dates	Grade(s)/Subject	No. Weeks	Supervising Teacher*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Applicants who do not have teaching experience are required to furnish a reference from supervising teacher.

**8. TEST SCORE INFORMATION \*\***

NTE/PRAXIS/GACIS	Score	%ile		Graduate Record Examination	Score	%ile		Date
		Rank	Date			Rank	Date	
Core Battery: Communication Skills	_____	_____	_____	Aptitude Test: Verbal	_____	_____	_____	_____
General Knowledge	_____	_____	_____	Quantitative	_____	_____	_____	_____
Professional Knowledge	_____	_____	_____	Analytical	_____	_____	_____	_____
Specialty Area _____	_____	_____	_____					

\*\* While not required, scores may be submitted if available.

**9. OTHER DATA**

Give name, address and telephone number of person who will always know your address: \_\_\_\_\_

Are you presently under contract? \_\_\_\_\_ Date contract expires: \_\_\_\_\_

List special honors won in college and/or your profession: \_\_\_\_\_

Each of the following questions must be answered with a "yes" or "no". If any answer is "yes," please attach an explanation. Include final disposition of investigations.

Have you ever failed to have a contract renewed? \_\_\_\_\_

Have you ever had a teaching credential denied, revoked, or suspended in any state? \_\_\_\_\_

Have you ever been convicted of or pled nolo contendere to a felony or misdemeanor, including DUI? \_\_\_\_\_

Have you been charged with a felony or misdemeanor, including DUI, for which charges are currently pending? \_\_\_\_\_

Have you ever been investigated for any act of alleged discrimination including: discrimination on account of race, color, gender, religion, age, national origin, or handicapping conditions? \_\_\_\_\_

Have you ever been investigated for allegations of sexual harassment? \_\_\_\_\_

Have you ever been accused and investigated for a crime of child abuse or physical abuse? \_\_\_\_\_

**10. ORIGINAL STATEMENT**

In your **handwriting**, write a brief statement explaining why you are uniquely qualified for a position with Bulloch Academy.

By filing application for employment with Bulloch Academy, I understand that any misrepresentation or omission of facts on the application is cause for termination. If employed, I agree to abide by all the policies as set forth by Bulloch Academy.

All applicants will be subject to a background check, which may include the requirement for fingerprinting.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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## CONFIDENTIAL REFERENCE FORM

Name of Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_

Applying for Position as \_\_\_\_\_

Please Return To:

Bulloch Academy  
Leisa Houghton  
873 Westside Road  
Statesboro, GA 30458  
Phone (912) 764-6297

I understand the information supplied is confidential and will not be shared with me. I waive all rights of examination.

\_\_\_\_\_  
Applicant's Signature and Date

The person named has applied for a position with Bulloch Academy and has listed you as a reference. Your evaluation will be a service to this office, the applicant and the children in our school. Please note that your evaluation will NOT be shared with the applicant.

### PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT

Please complete this section and submit as quickly as possible. Please check in the appropriate column the factors about which you have adequate knowledge. Rate the applicant in relations to all employees or individuals you have known and/or supervised.

QUALITIES	Superior Top 5%	Above Average Next 20 %	Average Middle 50%	Below Average Lower 20%	Not Observed
Exhibits positive attitude					
Exhibits tact and self-control					
Exhibits initiative					
Demonstrates industry and effort					
Uses appropriate verbal communication skills					
Uses appropriate written communication skills					
Demonstrates competency in subject matter					
Demonstrates effective teaching strategies					
Relates to students in an appropriate manner					
Completes assigned tasks promptly and accurately					
Maintains appropriate classroom management and discipline					
Cooperates with school officials					
Cooperates with faculty and other staff					
Overall evaluation					

Describe applicant's attendance and punctuality record \_\_\_\_\_

What is/was your association with the applicant: Supervisor \_\_\_\_\_ Other \_\_\_\_\_

Organization Name and Location \_\_\_\_\_

My title when I supervised applicant was \_\_\_\_\_ Would you rehire this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you hire this applicant to work with or near your child or other children? Yes \_\_\_\_\_ No \_\_\_\_\_

General remarks or additional comments regarding points or strength or areas for improvement:

\_\_\_\_\_  
Title \_\_\_\_\_ Print or Type Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Please use reverse side of this form or attach additional pages if necessary)**