Phone: (706) 213-4000
Fax: (706) 283-6674

Elbert County Schools

Chuck Bell
Superintendent

50 Laurel Drive
Elberton, GA 30635

Classified Personnel
EMPLOYMENT APPLICATION

Position(s) Desired:

___ School Nutrition ___ Bus Driver ___ Maintenance

Name:_____ Date of Birth_____
Last First Middle

Address:_____
Street City State Zip

Home Phone:_____ Cell Phone:_____

Current Email:_____ SSN: _____

Past Job References: Please list persons for whom you have worked and can give job related information for the position you are seeking. Do not list family members or friends.

Name	Email	Contact Phone	Position/Business Name

Employment Record: Please list present or most recent employer first.

Company Name	Job Title	Dates of Employment	Supervisor Name/Contact Phone Number	Reason for Leaving

Have you ever worked for Elbert County Schools before? ___ Yes ___ No If so, when?_____

Have you ever been dismissed from employment or been allowed to resign? ___ Yes ___ No
Have you been placed on disciplinary probation or been suspended from any position? ___ Yes ___ No
Are special accommodations required for you to perform any or all job functions? ___Yes ___ No
If the answer to any of the above is yes, you must attach an explanation.

Education Record: Please include high school and college education if applicable.

School Attended	Year Completed	Degree/Diploma Awarded

Criminal Background:

Have you ever been charged with, pled guilty to or convicted of a misdemeanor or a felony? ___Yes ___No

Have you ever been charged with, pled guilty to or convicted of reckless driving, driving under the influence of alcohol or drugs or any other serious traffic offenses? ___Yes ___No

If yes, please explain:_____

_____

_____

_____

_____

NOTE: You must list all offenses even if they were dismissed in court. Failure to do so is fraud.

Additional Information:

Do you currently hold a CDL? ___Yes ___No

Do you have any additional endorsements? ___Yes ___No

Please list any skills or experience that would benefit you in this position:_____

_____

_____

_____

_____

_____

_____

_____

_____

The information listed on this application is true to the best of my knowledge. I understand that misrepresentation of facts is cause for non-employment or termination. If employed, I agree to abide by the policies and procedures of the Elbert County Board of Education.

Signature_____ Date_____

This institution is an equal opportunity provider.

Revised 7/2019