



THE BRIDGE OF GEORGIA
Center for Ability Development

PLEASE NOTE: All individuals applying for a position at The Bridge of Georgia must complete an application, tax forms and a Criminal Background Check Release form. (Those individuals who will be working with students may be required to be finger printed.) These individuals may NOT BEGIN WORK until Background is cleared by the local Sherriff's department

employee application

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____ Cell Phone _____

Social Security Number _____ Date of Birth _____

Are you legally eligible to work in the United States? _____

Are you over the age of 18 years? YES NO Are you CBI trained (restraint)? YES NO

Are you a previous employee of The Bridge of Georgia? _____

List in order the positions for which you are applying: _____

Date available for employment _____

If we do not have a permanent position available are you interested in being placed on the substitute list? _____

Long term? _____ Short Term? _____

CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID GEORGIA AND/OR OUT-OF-STATE TEACHING CERTIFICATES. NOTE: APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN A GEORGIA CERTIFICATE IN ORDER TO TEACH IN GEORGIA PUBLIC SCHOOLS.)

AREA OF CERTIFICATION	ISSUING STATE	DATE ISSUED
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EDUCATIONAL BACKGROUND

	<i>School or Institution and Location</i>	<i>Major/ Minor</i>	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT (GPA)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY				
GRADUATE STUDY				

LIST OF PREVIOUS EMPLOYERS

<i>Employer</i>	<i>Dates of Employment</i>	<i>Job Duties</i>	<i>Reason of Leaving</i>	<i>Address and Phone Number</i>

The Bridge of Georgia is a center for students of all school ages with special needs and for those who are not affected by special needs. As a teacher, please give some examples of how you would include both typical and non-typical students in the same activity. _____

What special skills do you have that you feel would be particularly beneficial to The Bridge of Georgia? _____

We would like to get to know you better. Please list some of your hobbies or interests.

How did you hear about The Bridge of Georgia (BOG)?

Newspaper Website Friend Radio Employee of BOG Physician

Other _____

Each of the following questions must be answered with a “yes” or “no”. If any answer is “yes”, please explain on the back of this form.

Have you ever been dismissed or fired from a job? _____

Have you ever received an unsatisfactory performance evaluation from an employer? _____

Have you ever received a dishonorable discharge from the armed services? _____

Have you ever been found guilty, entered a plea of *nolo contendere*, been granted first offender treatment without adjudication of guilt, been placed under a court order whereby an adjudication or sentence was otherwise withheld for any misdemeanor involving moral turpitude or for any felony, or is any charge currently pending against you, including issuance of a bad check? (Excluding minor traffic offenses.) _____

Have you ever been investigated for any act of alleged discrimination including discrimination based on of race, color, gender, religion, age, national origin, or handicapping condition? _____

Have you ever been investigated for allegations of sexual harassment? _____

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

The Bridge of Georgia does not discriminate on the basis of race, color, national origin, sex, age, marital status, religion, handicap, or disability in its educational programs, activities, or employment practices.

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of information will be cause for termination from The Bridge of Georgia. Previous employers may be contacted to discuss my employment record. If employed, I agree to abide by the policies and regulations of The Bridge of Georgia

Signed _____

Date _____

Please attach your criminal background check form and return to The Bridge of Georgia