

# APPLICATION FOR EMPLOYMENT PARAPROFESSIONAL

**Morgan County Board of Education**  
1065 East Avenue      Madison, GA 30650      (706) 342-0752

DATE OF APPLICATION: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE/MAIDEN)

ADDRESS: \_\_\_\_\_ TELEPHONE: (H) \_\_\_\_\_  
\_\_\_\_\_ (W) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

IF FULL TIME IS NOT AVAILABLE, CAN YOU SUBSTITUTE TEACH? \_\_\_\_\_

## EMPLOYMENT HISTORY

List the positions you have held in the past ten years starting with your current or most recent employer.

Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates (From/To) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates (From/To) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates (From/To) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates (From/To) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates (From/To) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

# EDUCATION

Official transcripts are required at the time of employment.

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_  
(NAME) (CITY/STATE)

College \_\_\_\_\_ Dates Attended \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(CITY/STATE) Degree \_\_\_\_\_ Major \_\_\_\_\_

College \_\_\_\_\_ Dates Attended \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(CITY/STATE) Degree \_\_\_\_\_ Major \_\_\_\_\_

Have you completed two years of college (60 semester hours or 90 quarter hours)? \_\_\_\_\_

Have you passed the Praxis or GACE Paraprofessional Assessment Test? \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL REFERENCES

List three persons other than relatives who are familiar with your capabilities.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST NAMES OF ANY RELATIVES EMPLOYED BY MORGAN COUNTY SCHOOLS:

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS? \* \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\* All employees of the Morgan County School System are required to submit to a criminal records check.

IS THERE ANY OTHER INFORMATION YOU FEEL WOULD BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*The Morgan County Board of Education is an equal opportunity employer and does not discriminate in employment on the basis of religion, race, color, gender, national origin, age or disability.*