

**CLASSIFIED APPLICATION**

**Okefenokee RESA  
1450 North Augusta Avenue  
Waycross, GA 31503**

NAME \_\_\_\_\_ Date of application \_\_\_\_\_  
          First                  Middle                  Last

ADDRESS \_\_\_\_\_  
          Street or Box #                                  City                                  State                                  Zip

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Position Applying For: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

<u>Name of School/College</u>	<u>Dates Attended</u>	<u>Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT RECORD: (List most recent employment first.)**

<u>Name of Employer</u>	<u>Position</u>	<u>Employed</u>	<u>Salary</u>	<u>Leaving</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any skills that may be useful in the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES: (List the names of your last two immediate supervisors and one other person not related to you who has definite knowledge of your qualifications and fitness for the position for which you are applying.)**

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Name: \_\_\_\_\_

Application Position: \_\_\_\_\_ Date: \_\_\_\_\_

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

(If yes, please list Employer's name.) \_\_\_\_\_

Have you ever been arrested or charged with a misdemeanor or felony, including DUI, pled guilty or nolo contendere, been convicted of any crime or been processed as a First Offender?  
\_\_\_\_ Yes \_\_\_\_ No (If yes, please attach a separate sheet with a complete explanation.)

Do you have any relatives employed at Okefenokee RESA, South Central GLRS, Harrell Learning Center or Georgia Department of Education \_\_\_\_ Yes \_\_\_\_ No (If yes, please list who and the relative's kinship.)

By filing application for employment with Okefenokee RESA, if employed, I agree to abide by all policies as set forth by the Okefenokee RESA Board of Control. I authorize full investigation of the answers given in this application and consent to hold harmless the representatives of Okefenokee RESA contacting my references, previous employers, schools attended, court officials, and law enforcement authorities. I also understand that any misstatement or omission of any information requested may be reason for non-employment or discharge from employment.

**Performance Information:**

I authorize and request any former employer, superintendent of schools and immediate supervisor to furnish any information and opinions concerning the performance of my duties, including any evaluation of my performance, and the circumstances of my leaving that employment to the Executive Director of Okefenokee RESA/Designee. I understand and agree that the information and opinions furnished shall be confidential.

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

Date available for employment: \_\_\_\_ Applicant's signature \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

Date Application Received: \_\_\_\_\_ Interview Date(s): \_\_\_\_\_  
Certification Documents: \_\_\_\_\_ Transcripts: \_\_\_\_\_  
Former Evaluation Release: \_\_\_\_\_ Fingerprinting Release \_\_\_\_\_

\*OKEFENOKEE RESA REQUIRES A CRIMINAL BACKGROUND CHECK ON ALL EMPLOYEES. AN ACCEPTABLE FINGERPRINT RECORD IS REQUIRED (O.C.G.A. 20-2-211).  
\*IT IS THE POLICY OF OKEFENOKEE RESA NOT TO DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE, RELIGION, OR DISABILITY IN EDUCATIONAL PROGRAMS OR EMPLOYMENT PRACTICES.