



1171 Whitlock Ave.  
Marietta, Georgia 30064

Phone: (770) 429-3170  
Fax: (770) 429-3178  
Web Site: [www.mariettacommunityschool.com](http://www.mariettacommunityschool.com)  
E-Mail: [kchappell@marietta-city.k12.ga.us](mailto:kchappell@marietta-city.k12.ga.us)

### **CLASSIFIED APPLICATION PROCEDURES**

Thank you for your interest in a Marietta City Schools classified position. Enclosed is the application packet requested. We look forward to receiving your completed application packet in the near future. Please return all materials to Marietta City Schools at the above address.

#### **PLEASE READ THIS SHEET BEFORE FILLING OUT THE APPLICATION MATERIALS**

- Please complete the enclosed application form and return it to this office. The application should be filled out completely. Do not write "See Resume" etc.
- You should include copies of any information that will support your application. This information may be, but is not necessarily limited to, recognitions, awards, presentations, media clippings, and examples of innovative work. Include copies only since this material cannot be returned.
- Your application will be processed and filed according to position. It will be considered when vacancies occur in the area for which you qualify. Should it be necessary for you to inquire about your application please state the approximate date that you applied for the position.
- A personal interview in Marietta is required before final consideration can be given an applicant. Because of size and numbers of applications, general interviews cannot be granted. You will be contacted if an interview is desired.
- For information concerning your application packet or the status of your application call (770) 429-3101.
- Keep your application current by notifying us, in writing, of any changes in name, address, telephone or the withdrawal of your application for consideration.
- It is the policy of the Marietta Board of Education to promote and maintain equal employment opportunity in accordance with applicable laws and regulations with regard to employment without regard to age, sex, race, color, religion, creed, disability or national origin. Candidates for positions with Marietta City Schools will be selected for employment on the basis of the candidate's qualifications for the positions, the candidate's ability to do the specific job and/or the job to be filled.
- **All complete applications are maintained on file in the Human Resources Office for one (1) year.**



# Marietta city schools

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## CLASSIFIED PERSONNEL

An Equal Opportunity Employer

The Marietta Board of Education is an equal opportunity employer and employs without regard to marital status, age, race, creed, religion, color, sex, disability, national origin, or native language.

Date \_\_\_\_\_

Check the boxes below which apply:

- |   |  |   |                                    |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Food Service   | <input type="checkbox"/> Clerical              | <input type="checkbox"/> Paraprofessional<br>(Minimum of 2 yrs College) | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Maintenance/Custodian |   | <input type="checkbox"/> Part-Time |

## IDENTIFYING INFORMATION

Name \_\_\_\_\_  
Last First Middle Maiden SSN#

If information necessary to process this application is located under a different name, please include such name(s):

\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_

Day Telephone No. \_\_\_\_\_ Night telephone No. \_\_\_\_\_  
Area Code Area Code

Give name, address and telephone number of person other than your spouse who will always know your address:

\_\_\_\_\_

Date available to begin work? \_\_\_\_\_

## AFFIRMATIVE ACTION INFORMATION

THE INFORMATION BELOW IS USED FOR AFFIRMATIVE ACTION MONITORING PURPOSES ONLY.  
COMPLETION OF THIS SECTION IS STRICTLY VOLUNTARY.

Date of Birth \_\_\_\_\_ Sex \_\_\_\_M\_\_\_\_F Are you a U.S. Citizen? \_\_\_\_\_

If not, do you have a legal right to work in this country? \_\_\_\_ Yes \_\_\_\_ No

Race: (Check One)

- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Multi-Racial                   |

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ LOGGED: \_\_\_\_\_ CARD: \_\_\_\_\_

**PHYSICAL INFORMATION**

Do you have any physical impairment or any chronic or controlled disorder that would effectively prevent your successful completion of work assignments including the lifting of up to 55 pounds? Yes\_\_\_\_ No \_\_\_\_ If "Yes", please describe:

\_\_\_\_\_

Height:\_\_\_\_ Weight:\_\_\_\_

Number of days absent last year\_\_\_\_ Primary Reason\_\_\_\_\_

**EDUCATION**

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Post H.S. 1 2 3 4 5 6 7

Name	City & State	Dates Attended	Major	Year Grad.	Diploma/ Degree
High School					
Bus/Trade/College					
Other Training					

**MISCELLANEOUS INFORMATION**

Have you ever been employed here before? No \_\_\_\_ Yes \_\_\_\_ If "Yes", when?\_\_\_\_\_

Have you ever applied here before? No \_\_\_\_ Yes \_\_\_\_ If "Yes", when?\_\_\_\_\_

Have you ever been dismissed, asked to resign, or refused employment? No \_\_\_\_ Yes \_\_\_\_ If "Yes", please specify the nature of the situation on a separate sheet of paper and attach to this application?

Have you ever declared bankruptcy or have you had any garnishments or legal proceedings against you related to financial matters?

Yes \_\_\_\_ No \_\_\_\_ If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

List any experiences you have had working with youngsters; e.g. club sponsor, scout leader, etc.:

\_\_\_\_\_

Are you interested in working with disabled children?\_\_\_\_\_

Minimum required rate of pay?\_\_\_\_\_

List any languages other than English in which you are proficient:\_\_\_\_\_

A criminal record check is required and a drug screening may be required before employment. In addition, a motor vehicle record check is required for bus driver applicants. Please remember this when answering the following:

Have you ever been arrested, detained, or given a copy of charges for any violation of law? Yes \_\_\_\_ No \_\_\_\_  
 Do not include anything that occurred before your 17<sup>th</sup> birthday, minor traffic violations for which a fine of \$50 or less was imposed (bus driver applicants must list all traffic violations). If yes, please give detailed information on a separate sheet attached to this application as to each offense, including the specific offense for which you were charged, the disposition of the offense, and the date, court, county, and state where you were charged.

When?	Where?	Nature of Offense	Penalty/Judgment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT INFORMATION**

DATES MO. YEAR		PRESENT EMPLOYER AND ADDRESSES	POSITION		REASON FOR LEAVING
From			Job Title	Full-Time__ Part-Time__	
To			Supervisor	Salary:_____	
DATES MO. YEAR		PREVIOUS EMPLOYER AND ADDRESSES	POSITION		REASON FOR LEAVING
From			Job Title	Full-Time__ Part-Time__	
To			Supervisor	Salary:_____	
From			Job Title	Full-Time__ Part-Time__	
To			Supervisor	Salary:_____	
From			Job Title	Full-Time__ Part-Time__	
To			Supervisor	Salary:_____	
From			Job Title	Full-Time__ Part-Time__	
To			Supervisor	Salary:_____	
From			Job Title	Full-Time__ Part-Time__	
To			Supervisor	Salary:_____	
From			Job Title	Full-Time__ Part-Time__	
To			Supervisor	Salary:_____	

**MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? Yes \_\_\_\_ No \_\_\_\_ If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_

## REFERENCES

Please list three persons (other than relatives or friends) who may be contacted to provide information about your experience or ability. List supervisor, previous teacher, etc., who supervised your work and can verify your competencies. Give complete address.

Name	Title or Relationship	Address	Telephone
1.			
2.			
3.			

The Marietta Board of Education has an obligation to the students and the community it serves to employ those persons who will be the most competent in the position for which they are employed and will practice their profession according to the highest ethical standards. To achieve these objectives, the Board may conduct investigations including verification of prior employment, education, criminal record and drug usage.

By signing this form, I authorize the Marietta School System to verify all information in this application, to check references, and make additional investigations as appropriate. I hereby certify that the above statements are true and complete to the best of my knowledge and understand that failure to disclose information asked for on this form or falsification of statements and facts is sufficient reason to disqualify me for employment or, if employed, cause my dismissal. Further, I agree that, if employed, I will abide by the policy prohibiting the use of tobacco products in all enclosed school system property or from using or displaying tobacco products in front of students while on duty. I also understand that my employment may be probationary for ninety (90) days and I may be discharged during or after this period without cause or reason given and at the will of the Marietta Board of Education.

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

In order for your application to be considered, all questions must be answered in full. A resume may be attached to provide more detailed information, but will not be considered in lieu of a completed application form.

8/02



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PARAPROFESSIONAL/CLERICAL APPLICANT WRITING SAMPLE

Paraprofessionals briefly describe, in your own handwriting, your experiences with children (or other experiences) that you feel significantly contribute to your preparation for the position of instructional aide. Use back of page if necessary.

Clerical Applicants compose a letter, in your own handwriting, to a citizen who has written the head of your department or school complaining that too much money is spent on education.



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**SKILLS INFORMATION**

Complete the sections below which pertain to the type of positions for which you are applying.

**FOOD SERVICE**

State in the spaces below any experiences, skills and qualifications which you feel would help us gain a better estimate of your qualifications.

Food Service Management: \_\_\_\_\_

Purchasing: \_\_\_\_\_

Food Preparation: \_\_\_\_\_

Cashiering: \_\_\_\_\_

State any other experiences, skills or qualifications which you feel would help us gain a better estimate of your qualifications: \_\_\_\_\_  
\_\_\_\_\_

**CLERICAL**

CHECK BUSINESS COURSES TAKEN IN SCHOOL:

\_\_\_ Accounting    \_\_\_ Business Math    \_\_\_ Word Processing    \_\_\_ Office Machines  
\_\_\_ Office Practice    \_\_\_ Record Keeping    \_\_\_ Computer    \_\_\_ Machine Transcription  
\_\_\_ Speed Writing    \_\_\_ Shorthand    \_\_\_ Typing    \_\_\_ Other \_\_\_\_\_

CHECK THE FOLLOWING MACHINES WHICH YOU CAN OPERATE:

\_\_\_ Typewriter    \_\_\_ Calculator    \_\_\_ Dictaphone    \_\_\_ Switchboard  
\_\_\_ Copy Machine    \_\_\_ Fax    \_\_\_ Word Processor    \_\_\_ Data Processing  
(Specify) \_\_\_\_\_ (Specify) \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

Current WPM on typewriter/word processor \_\_\_\_\_  
Current Shorthand WPM? \_\_\_\_\_

State any other experiences, skills or qualifications which you feel would help us gain a better estimate of your qualifications: \_\_\_\_\_  
\_\_\_\_\_

PARAPROFESSIONAL

Do you hold a valid Georgia teacher aide license? Yes \_\_\_ No \_\_\_

Do you hold a valid Georgia paraprofessional license? Yes \_\_\_ No \_\_\_

Have you completed Early Childhood Training at a Georgia post-secondary vocational school? Yes \_\_\_ No \_\_\_

Have you completed 2 years of college (60 semester hours)? Yes \_\_\_ No \_\_\_  
(If yes, please submit a copy of your transcript to the Human Resources Department)

Check the following machines which you can operate:

\_\_\_ Typewriter \_\_\_ WPM    \_\_\_ Word Processor (Specify) \_\_\_\_\_    \_\_\_ Copy Machine

\_\_\_ Microcomputer (Specify) \_\_\_\_\_    \_\_\_ Other (Specify) \_\_\_\_\_

State any other experiences, skills or qualifications which you feel would help us gain a better estimate of your qualifications: \_\_\_\_\_  
\_\_\_\_\_

MAINTENANCE/CUSTODIAN

State any experiences, skills or qualifications which you feel would help us gain a better estimate of your qualifications. (Carpentry, electricity, heating and air conditioning training, operation of tractor or lawn equipment, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION

Do you have a Georgia license to operate a motor vehicle? Yes \_\_\_ No \_\_\_

Expiration Date \_\_\_\_\_ Number \_\_\_\_\_ Class (circle) 1 2 CDL

Number of years of experience driving a school bus \_\_\_\_\_

Location of driving experience \_\_\_\_\_

Have you ever been charged with a traffic violation? Yes \_\_\_ No \_\_\_

If, "Yes", please explain \_\_\_\_\_

Do you have any mechanical training? Yes \_\_\_ No \_\_\_

If "Yes", please specify: \_\_\_\_\_  
\_\_\_\_\_

State any other experiences, skills or qualifications which you feel would help us gain a better estimate of your qualifications: \_\_\_\_\_  
\_\_\_\_\_

- |   |                                      |  |  |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Certified   | <input type="checkbox"/> Educational Support | <input type="checkbox"/> Certificate Renewal |
| <input type="checkbox"/> Food Service   | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Transportation      |  |

MARIETTA COMMUNITY SCHOOL  
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**CONSENT FOR CRIMINAL RECORDS CHECK BY LAW ENFORCEMENT AGENCIES**

(This section to be completed by Applicant)

I \_\_\_\_\_, Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
( Please Print)

have applied for a position with the Marietta City Board of Education, and I consent to a criminal history check by law enforcement agencies. I also authorize the release of such information to the Marietta City Board of Education now and at any time during my employment, and hereby release, discharge, and waive any and all claims which may arise against you for the release of accurate information.

CURRENT ADDRESS \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

**RACE:**

- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Multi-Racial                   |

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

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

Criminal History Check Date \_\_\_/\_\_\_/\_\_\_

By \_\_\_\_\_  
Signature

- \_\_\_\_ No criminal record was found for this applicant.  
\_\_\_\_ Criminal record was found for this applicant (see attached).