

Lake Oconee Academy

Applicants for Employment

In order to be considered for employment, all information requested in the application must be provided.

If offered employment, identification documents must be submitted within the first three (3) days of employment. Examples of these documents are driver's license, social security card, original birth certificate or passport.

**ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON COMPLETION OF
THE DRUG TEST AND CRIMINAL BACKGROUND CHECK.**

LOA Letterhead/Stationery

Prospective Employee:

Thank you for your interest in Lake Oconee Academy (LOA). Please review the following information carefully and prior to the final submission of your application.

The following components are required for consideration for employment:

Employment application
Copy of your current resume
Copy of your most recent transcript (Undergraduate or Graduate)
Copy of your most current teaching certificate(s) (Georgia and others if applicable)
Three to five pictures of your current classroom or workspace
Essays as requested (full questions attached)
Philosophy of Education
What you will bring to the LOA education community
Recent book review

Please mail the above requested information to:

Lake Oconee Academy
Attn: Dr. Otho Tucker
6326 Lake Oconee Parkway
PMB #150
Greensboro, Georgia 30642

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT.

ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON SATISFACTORY RESULTS AFTER REVIEW OF A COMPLETED DRUG TEST AND CRIMINAL BACKGROUND CHECK.

APPLICATION FOR EMPLOYMENT

Lake Oconee Academy is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, gender, national origin, age, veteran status, disability, or any other legally protected status.

PERSONAL Please complete ALL areas of application in addition to resume (if submitted).

LAST NAME: _____ _____	FIRST NAME: _____ _____	MIDDLE NAME: _____ _____	
PREFERRED NAME: _____ _____	DATE OF APPLICATION: _____		
ADDRESS: _____ _____ _____	CITY: _____ _____	ST: _____	ZIP: _____ _____
TELEPHONE NUMBER: _____ _____		EMAIL ADDRESS: _____ _____	
DESIRED POSITION: _____ _____	DESIRED SALARY: _____ _____	DATE AVAILABLE: _____ _____	
Would you like Part-Time or Full-Time employment? <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		Are you available to work weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What hours and days are you available to work? _____			
Have you ever been employed under another name? (If yes, state name) _____			

How did you learn about employment opportunities?

Newspaper Internet Department of Labor Professional Association Community

Do you have any friends or relatives employed by Lake Oconee Academy?

YES NO

If yes, please give name(s) and relationship. _____

If under the age of 18, can you provide required proof of eligibility to work? YES NO

Are you eligible to work in the United States? YES NO

If employed in a position requiring the operation of company vehicles, can you provide proof of a valid driver's license? YES NO

Have you ever been convicted of a crime? YES NO

Have you been convicted of D.U.I or D.W.I. during the past five years? YES NO

If yes to either of the above questions, please give date(s) and details. *(Do not include minor traffic offenses.) (Conviction of a crime does not necessarily disqualify you from employment.)*

EDUCATION AND PROFESSIONAL TRAINING:

Please list Name and Address of School(s) Attended.	Graduated Yes / No	Degree / Diploma Received	Course of Study Major / Minor
High School or Highest Grade Attended:			

College or University:				
Graduate School:				
Professional or Technical School:				
Special Skills (i.e., Technical, Specialized, Computer Skills, etc.):				
Professional, Trade or Technical Registration or License No. (Include State):	Date Received?		Date Expires?	

EMPLOYMENT HISTORY: (List most recent employer first.)

Dates (Month/Year) Employed From: _____ To: _____	Company Name: _____	Type Of Business: _____
Ending Salary: _____	Address (City, State, and Zip): _____	
Position(s): _____	Reason for Leaving: _____	
Name/Title of Supervisor: _____ Telephone Number: _____		
Dates (Month/Year) Employed From: _____ To: _____	Company Name: _____	Type Of Business: _____
Ending Salary: _____	Address (City, State, and Zip): _____	
Position(s): _____	Reason for Leaving: _____	
Name/Title of Supervisor: _____ Telephone Number: _____		
Dates (Month/Year) Employed From: _____ To: _____	Company Name: _____	Type Of Business: _____

Ending Salary: _____	Address (City, State, and Zip): _____ _____
Position(s): _____	Reason for Leaving: _____ _____
Name/Title of Supervisor: _____ Telephone Number: _____	

REFERENCE INFORMATION:

If you are currently employed, may we contact your present employer for references? YES
 NO

If no, please explain:

PROFESSIONAL REFERENCES

(References should be professional and/or character in nature and should not be relatives. Please list references completely, including address and telephone number.)

Name and Relationship:	Address:	Telephone No.

I understand that employment with Lake Oconee Academy is at will, that I am not being employed for any specific time, and that this application is not and is not intended to be a contract for continued employment. I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any misrepresentation or omissions of information may disqualify me from consideration for employment or continued employment. I authorize Linger Longer Communities Human Resources to conduct a thorough investigation to verify the accuracy of all information contained herein. I agree to cooperate in such investigation and release from all liability or responsibility all persons or entities requesting or supplying verification and reference information. I hereby agree to submit to any lawful drug testing that may be required as a condition of employment and/or continued employment and understand that refusal to submit to such lawful testing during the course of my employment may result in disciplinary action, up to and including termination. I understand that according to federal law all individuals who are hired must produce certain documentation to verify their identity and their legal right to work in the U.S. I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Signature of Applicant: _____ _____	Date: _____
Signature of Interviewer: _____ _____	Date: _____

In your own handwriting, please answer the following questions:

1. What will the students, families and educational community of Lake Oconee Academy receive by your becoming a member of Lake Oconee Academy faculty? (100 words or less)

2. What is your philosophy of education (250 words or less)?

3. Please discuss a book you have read in the last two years, which has impacted your classroom teaching?

Book Title:

Book Author:

Referring Employee's Name:
