

Lake Oconee Academy

Applicants for Employment (Educator Position)

- 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.**



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: Machel Usry
1021 Titan Circle
Greensboro, GA 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.

Referring Employee's Name:

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? Part-Time Full-Time
Are you available to work weekends? YES 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.
Name and Relationship:	Address:	Telephone No.
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: _____