

# MACON COUNTY SCHOOLS

1202 Old Murphy Road  
Franklin, North Carolina 28734  
Phone: (828) 524-3314 Fax: (828) 369-7240  
www.macon.k12.nc.us

## APPLICATION for CLASSIFIED PERSONNEL

### PERSONAL INFORMATION

Name \_\_\_\_\_  
*Preferred Title First Middle/Maiden Last Nickname*

Permanent Address \_\_\_\_\_  
*Street City State Zip*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile/Other Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  New Applicant  Former Applicant  Former Employee

If you are a former employee, please state the dates and nature of employment: \_\_\_\_\_

Name as shown on birth certificate: \_\_\_\_\_

### Please indicate position(s) you are applying for and capable of performing.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Teacher Assistant | <input type="checkbox"/> Information Technology | <input type="checkbox"/> School Food Service |
| <input type="checkbox"/> Athletic Coach    | <input type="checkbox"/> Facilities Maintenance | <input type="checkbox"/> Volunteer           |
| <input type="checkbox"/> Office Support    | <input type="checkbox"/> Bus Driver             | <input type="checkbox"/> VIP Afterschool     |
| <input type="checkbox"/> Custodian         | <input type="checkbox"/> Summer Edventure       | <input type="checkbox"/> Other _____         |

### Please indicate site preference. If you select more than one site, please indicate first, second, third choice, etc.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cartoogechaye        | <input type="checkbox"/> Mountain View Intermediate | <input type="checkbox"/> Macon Early College |
| <input type="checkbox"/> East Franklin        | <input type="checkbox"/> Macon Middle School        | <input type="checkbox"/> Bus Garage          |
| <input type="checkbox"/> Franklin High School | <input type="checkbox"/> Nantahala                  | <input type="checkbox"/> Maintenance         |
| <input type="checkbox"/> Highlands            | <input type="checkbox"/> South Macon                | <input type="checkbox"/> Central Office      |
| <input type="checkbox"/> Iotla Valley         | <input type="checkbox"/> Union Academy              |  |

### Additional Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| YES                      | NO                       | <b>Please check appropriate answer to each of the following questions:</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been asked to resign from a position of employment or been dismissed, fired, discharged, suspended or otherwise subject to disciplinary action?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a teaching license/certificate suspended or revoked?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you even been convicted of any violation of the law other than a minor traffic ticket?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever entered a plea of <i>nolo contendere</i> (no contest) to any charge against you?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any criminal charges pending against you or are you currently involved in any criminal proceeding, including supervised or unsupervised probation? |

If you answered "YES" to any of the questions above, then please explain on a separate page and include with this application. In accordance with State law, you are not required to disclose any arrest, charge, or conviction that has been expunged from the public record.

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_

It is the policy of the Macon County Board of Education that a drug-free workplace shall be maintained. In accordance with the Omnibus Transportation Employee Testing Act of 1991, all Macon County Schools' employees and volunteers who are required to have a Commercial Driver's License (CDL) to perform their duties shall be required to submit to alcohol and controlled substance testing. In addition, candidates for positions that require a CDL will be tested for alcohol and controlled substances before being employed. It is a condition of employment that each individual shall comply with this policy.

**Educational Preparation**

The *No Child Left Behind* Federal Legislation, enacted January 8, 2001, requires that all paraprofessionals (teacher assistants) have attended a minimum of 2 years of college or obtained an Associate's Degree. Please list college(s) attended and attaches a copy of transcripts.

Level of Education	Name of School or University	State	Dates Attended	Field of Study	Degree Awarded
High School					
College					

**Employment History**

*Please list all present and past employment in reverse chronological order.*

Employer	Location	Type of Work	Dates of Employment	Reason for Leaving

**References**

Please list a minimum of three (3) references, preferable those acquainted with your qualifications, including your current or last employer. With the completion of this application, you are authorizing Macon County Schools to request confidential recommendations from your listed references. Please give accurate addresses, telephone numbers and email addresses. *Please do not list relatives.*

Name	Address	Position	Telephone	Email

*Please give your reasons for seeking employment in the Macon County School System.*

*If I am employed by the Macon County School System, I hereby agree that I will accept compensatory time off in lieu of overtime pay for times when I work more than a forty (40) hour week. I also agree that the decision either to give compensatory time or to pay overtime wages will be at the discretion of the Macon County School System.*

*I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize educational institutions, associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information, false documentation or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal, and/or criminal action. I further understand that dismissal shall be mandatory if fraudulent information is given to meet position qualifications.*

*The undersigned applicant/employee hereby expressly authorized the Macon County Board of Education, its agents and employees, to make any investigation of my personal or employment history, expressly including, but not limited to federal and state criminal, law enforcement or traffic records. I further authorize any form employer, person, firm, corporation, credit agency, administrative body, or government agency to give the board of education, its agents or employees any information they may have regarding me. In consideration of the review of my employment application by the Macon County Board of Education, its agents or employees, I hereby release the Board of Education and all or any of its agents and/or employees and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information.*

*I understand that I am not required to disclose any arrest, charge or conviction that has been expunged from the public record.*

<b>Date</b>	<b>Applicant Signature</b>
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In compliance with federal law, Macon County Schools administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.