



# New Life Academy of Excellence, Inc.



Complete Application and fax to Ms. Granada Kendrick along with your resume at 770.248.3037

Daytime Telephone Number				E-mail Address			
Last Name				First Name		Middle Initials	
Street or Mailing Address						Apartment No.	
City				State	Zip Code	County	

**EMPLOYMENT ELIGIBILITY:** To be employed by the New Life Academy of Excellence, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Have you ever been dismissed from any school system or position? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, attach an explanation.</b>	4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, attach an explanation.</b>
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**TYPE OF WORK:** JOB TITLE AND JOB CODE REQUIRED. If you do not know the correct job titles, information is available at our website listed above and our personnel office. Feel free to fax forms to 770.248.3037 or mail them directly to the address at the bottom of the page. Thank you for your interest.

Specific Job Title Sought	Job Code	Specific Job Title Sought	Job Code
1.		2.	

**EDUCATION:**

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School:	No. of Months:	Field of Study: Math / Statistics & Science	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>					
PLEASE LIST EXACT COLLEGE HOURS :		CREDIT RECEIVED	FIELD/AREA OF CONCENTRATION		TYPE OF DEGREE	DATE DEGREE COMPLETED			
COLLEGES/UNIVERSITIES	CITY and STATE	Qtr Hrs	Sem Hrs	Major	Hrs	Minor	Hrs	(BA/ME/MA/PhD)	(Mo./Yr.)

**LANGUAGE SKILLS:**  Multilingual (Specify languages) \_\_\_\_\_  Sign Language \_\_\_\_\_

**TEACHING/EDUCATION LICENSES AND CERTIFICATIONS:**

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Valid Commercial Driver's License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Teacher Certified in Georgia: Type of Certificate Held: Teacher's Assistant			
Georgia Peace Officer Standards and Training Certificate (POST):			
Other Professional License/Certificate:			

**CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.**  
I certify that all information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature. I further certify that either: 1) I have not been convicted of a drug-related criminal offense; or 2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction (O.C.G.A. 45-23 et. Seq.).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**WORK HISTORY:** Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space, print out the supplemental work history page and attach to the application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all information requested in the Work History section, please fill in that information on the application. Include additional documents as requested.

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
Related Computer Skills:					

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number
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Employer:			Your Job Title:		
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**WHY WOULD YOU BE BEST FOR THIS OPPORTUNITY?:**

**ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES**  
*For interviews, do you require special accommodations because of a disability?* If so, attach a note to this application asking us to call. **PRIOR ARRANGEMENTS ARE NECESSARY.** Note that in order to receive accommodations for the interview, you must (1) let us know you need a special accommodation at least one (3) days **PRIOR** to the interview; (2) have the accommodation authorized by us **BEFORE** being scheduled; and (3) provide documentation to show the need for the accommodation (if requested). If you have questions about this process and have a hearing or speech impairment, please call our office in Gwinnett County for assistance. If you have any questions, please call 770.248.3032 or email [afoward@newlifeacademyga.com](mailto:afoward@newlifeacademyga.com).

**Training and Experience Ratings:** If you apply for a job that does not require a written test, your evaluation will be based on the experience, education, and training you describe on your application. You will also be evaluated on any supplemental information you may be asked to provide.

**VETERAN'S or NATURAL DISASTER PREFERENCE:** The laws of the State of Georgia require that points be added *to the assessment scores* for certain veterans and combat troops of the Armed Forces of the United States. The following types of preference are currently granted. If you want to apply for Veteran's Preference, check the type below and attach copies of the appropriate document(s) to your application. Copies cannot be returned. (SPB 16.102)

<input type="checkbox"/> VETERAN: DD214 showing dates of service and type of discharge	<input type="checkbox"/> DECEASED VETERAN'S SPOUSE: DD214; marriage certificate; veteran's death certificate or casualty report
<input type="checkbox"/> DISABLED VETERAN: DD214; certificate of service-connected	<input type="checkbox"/> DISABLED VETERAN'S SPOUSE: DD214; marriage certificate; disabled veteran's documents dated within last 6 months (veteran must have 100% disability)
<input type="checkbox"/> NATURAL DISASTER CANDIDATE: Please specify location of disaster.	

**Date** \_\_\_\_\_ **Requisition Number (for announced jobs only):** \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The information you give in this section is optional. It is used by the only New Life Academy to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the Gwinnett County, State of Georgia.

Last Name	First Name	MI

Ethnic Background (Check One):		Gender	Birth Date			
1. <input type="checkbox"/> American Indian	2. <input type="checkbox"/> White, not of Hispanic origin	(Check One):	MO DAY YR			
3. <input type="checkbox"/> Hispanic	4. <input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Male	<table border="1" style="width:100%; height: 20px;"><tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr></table>			
5. <input type="checkbox"/> Asian/Pacific Islander	6. <input type="checkbox"/> Multi-racial	<input type="checkbox"/> Female	<i>Birth Date – Only Required for background checks if selected.</i>			

**For School Use Only**

In Case of an Emergency: Call the following: \_\_\_\_\_ Phone Number \_\_\_\_\_