



Mitchel Barrett  
Principal

Tighe Day-Lewis  
Asst. Principal

Gilmer Site  
136 N. Ave.  
Ellijay, GA 30540  
Phone: 706-276-5002  
Fax: 706-276-5008

Habersham Site  
901 Fairview School Rd.  
Demorest, GA 30535  
Phone: 706-754-4461  
Fax: 706-754-5181

Lumpkin Site  
123 Mountain View Dr.  
Dahlonega, GA 30533  
Phone: 706-864-0229  
Fax: 706-864-9391

Stephens Site  
191 Old Big A School Rd.  
Toccoa, GA 30577  
Phone: 706-886-3114  
Fax: 706-886-3127

Union Site  
218 School St.  
Blairsville, GA 30512  
Phone: 706-745-9575  
Fax: 706-745-3588

White Site  
328 Old Blairsville Rd.  
Cleveland, GA 30528  
Phone: 706-865-0727  
Fax: 706-865-0737

**Memo: To All Certified Applicants**

**From: Aundrea Wilson**

**RE: Application Instructions**

Thank you for your interest in a position with our system. It is our goal to recruit and retain quality individuals who are committed to our students and system. Please review the following directions prior to completing and submitting your application.

1. PRINT using BLUE INK or type all information on the application.
2. Submit the following items with your application or have them sent as soon as possible:
  - Copies of transcripts may be submitted with the initial application. Official transcripts may be required prior to hiring approval.
  - Copies of valid certificates.
  - Copies of GACE assessment results or other applicable certification tests if initial Georgia certification is being requested.
3. Sign and date the application signature page.
4. Complete a consent form for criminal background check.

When a vacancy is anticipated or occurs, all completed applications in the given area are reviewed carefully. Those applicants whose credentials (references, transcripts, responses, etc.) are best suited for the vacancy are notified for an interview.

Your fully completed and signed application may be faxed or returned to the address below or any of the MECHS sites.

Thank you, again, for your time and interest in the Mountain Education Center High School.

67 Lakeview Cr., Ste. C.  
Hiawassee, GA 30546  
Phone: (706) 896-2279  
FAX: (706) 896-2632

Revised April 25, 2010

[www.mountaineducationcenter.net](http://www.mountaineducationcenter.net)



Revised September 12, 2008

218 School Street  
 Blairsville, GA 30512  
 Phone 706-745-9575 FAX 706-745-3588  
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For Office Use Only: Revised 09/12/2008

Date Received \_\_\_\_\_

Position \_\_\_\_\_

**PLEASE USE BLUE INK**

APPLICATION FOR CERTIFIED POSITION IN \_\_\_\_\_ FIELD(S) Date: \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

**PERSONAL DATA:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EDUCATION/CERTIFICATION DATA: (Georgia Certification Website: <http://www.gapsc.com>)**

University/College administering degree: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Do you presently hold a valid teaching certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Applied \_\_\_\_\_ State \_\_\_\_\_ Field \_\_\_\_\_ Level \_\_\_\_\_

Have you passed the appropriate Georgia certification test?

TCT: Yes \_\_\_\_\_ No \_\_\_\_\_ Field(s) Taken \_\_\_\_\_

Praxis I: Yes \_\_\_\_\_ No \_\_\_\_\_ Exempt \_\_\_\_\_ Awaiting Results \_\_\_\_\_

Praxis II: Yes \_\_\_\_\_ No \_\_\_\_\_ Awaiting Results \_\_\_\_\_ Field(s) Taken \_\_\_\_\_

GACE: Yes \_\_\_\_\_ No \_\_\_\_\_ Awaiting Results \_\_\_\_\_ Field(s) Taken \_\_\_\_\_

Have you ever been dismissed from employment with a school system, asked to resign, or resigned in lieu of dismissal?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received an unsatisfactory annual evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach copy)

Have you ever had a teaching certificate or credential denied, revoked, or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach explanation)

**EXPERIENCE IN EDUCATION: List in chronological order all creditable certified experiences. (Use back for additional space)**

School System	(Public/Private)	City/State	Grade(s) or Subject(s) Taught	From Mo./Yr.	To Mo./Yr.	Total Years
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
						Total Years _____

**REFERENCES:**

Please list three references below. These should be persons qualified to give information to show your fitness for the position you seek. Be sure to include your former principals and supervisors if you are an experienced teacher. For beginning teachers, include college supervisors, student teaching supervisor, and/or major professors. Do not include neighbors, friends, or relatives.

(√) Name	Position	Company	Address	City/State	Telephone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**APPLICANT SIGNATURE STATEMENT**

I certify that all information is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of any information requested shall be reason for non-employment or dismissal from employment. By signing this application, I am authorizing the release of any and all information needed to properly evaluate my candidacy for employment. I understand that by Georgia law I must be fingerprinted and have a criminal records check. If employed, I agree to abide by all the policies set forth by the Mountain Education Center High School.

The application and all supporting materials are the property of the Mountain Education Center and will not be returned to the applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*\*Applications and resumes may be subject to the Open Records Law*

The Mountain Education Center High School is an Equal Opportunity Employer and does not discriminate in employment on the basis of race, color, sex, religion, creed, national origin, age or disability.

***Revised September 12, 2008***



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FAX (706) 745-3588

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CONSENT FORM

I hereby authorize the Mountain Education Center High School to receive any criminal history record information pertaining to me, which may be in the file of any state or local criminal justice agency within the United States.

\_\_\_\_\_  
Full Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Eye Color

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
State of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

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

Revised Sept. 12, 2008