STATE OF GEORGIA
Division of Family and Children Services
Collaborative Services
Community Programs Unit
Educational Programming, Assessment and Consultation (EPAC)

Education Specialist Application

Section 1. Eligibility Requirements					
Are you a U.S. citizen or legal immigrant who is allowed to work in the U.S.? **Yes** ☐ **No** ☐					
Have you ever been convicted of a felony? **Yes** ☐ **No** ☐					
Section 2. Applicant Information					
Last Name		**First**		**Middle Initial**	X
DOB		**Last Four (4) Digits of Social Security Number**		–	
Physical Address			**City**		
County		**State**	GA	**Zip**	
Mailing Address*			**City**		
County		**State**	GA	**Zip**	
Phone	( ) -				
Email Address					
Section 3. School System Employment (if applicable)					
District of Employment		**County of Employment**			
Do you have a current GA teaching certificate? **Yes** ☐ **No** ☐					
If yes, print the name your certification is listed under (if different from above).					
How many years of teaching experience do you have?					

Select all fields and classifications that you are certified to teach:

☐ Early Childhood Education
☐ Middle Grades (4th – 8th)
☐ Secondary Grades (6th – 12th)
☐ English
☐ Math
☐ Science
☐ Social Studies
☐ Reading Specialist
☐ Special Education Adapted Curriculum
☐ Special Education Behavior Disorders
☐ Special Education General Curriculum
☐ Special Education Learning Disabilities
☐ Other Specialty Field/Classification:

Section 4. How did you hear about us?

How did you hear about this opportunity?

☐ School system
☐ DFCS Representative
☐ Self
☐ Friend/Family/Coworker
☐ Other:

Section 5. Disclosure and Signature

By submitting this application, I am swearing, under penalty of perjury, that all information and statements provided in this application are true to the best of my knowledge and that I am willing to cooperate with any effort to verify the information provided.

_____

Authorized Signature Date

* If different from Physical Address.

*Note: Please send your resume along with this **Education Specialist Application** to epac@dhs.ga.gov.*
An interview, background check and additional paperwork may be required.