

MARION COUNTY SCHOOLS

P.O. Box 391

BUENA VISTA, GEORGIA 31803

(229) 649-2234

To: _____ Title: _____
(Name of Reference)

Address: _____

I have submitted an application for a position in the Marion County School System in Buena Vista, Georgia. I would appreciate your completing the form by checking the items on the reverse side of this form. When completed, please mail it to the Personnel Director at the address above.

Applicant's Name: _____
(Last Name) (First Name) (Middle Initial)

Position applied for: _____

I authorize the Marion County Board of Education to investigate any information contained in my application. I further authorize all former employers and references to release information about me to the Marion County Board of Education. I hereby waive my right to review this reference/evaluation form.

Signature of Applicant _____ Date _____

The Civil Rights Act of 1964, Public Law 90-202, and Title IX of the Education Amendments of 1972 cover applicant rights. This agency does not discriminate because of race, color, national origin, creed, religion, sex, marital status, age or handicap in its programs and activities or employment practices and policies.

