

Briarwood Academy

Application For A Paraprofessional

**4859 Thomson Highway
Warrenton, Georgia 30828
Phone (706) 595-5641
Fax (706) 595-0097**

Job Experience:

Employer: _____ Location: _____

Phone Number: _____ Dates Of Employment: _____

Manager: _____ Position: _____

Job Description: _____

Reference: _____
Name Number

Employer: _____ Location: _____

Phone Number: _____ Dates Of Employment: _____

Manager: _____ Position: _____

Job Description: _____

Reference: _____
Name Number

Employer: _____ Location: _____

Phone Number: _____ Dates Of Employment: _____

Manager: _____ Position: _____

Job Description: _____

Reference: _____
Name Number

By signing this application I hereby grant Briarwood Academy or its representative permission to verify information provided on this application, including contacting any or all references given. Briarwood Academy does not discriminate on the basis of color, race, national or ethnic origin in administration of its educational policies or other school administered programs.

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Date Of Application: _____

Name: _____
 (Last) (First) (Middle) (Maiden)

Address: _____

Phone _____ Cell _____ SSN _____

Date of Birth: _____ Male: _____ Female: _____

Marital Status: Married Single Separated Divorced

Spouse's Name: _____

Education:

Name of High School Year/Graduation

Name of College Year/Graduation

Grade Preference:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Signature: _____