

PROFESSIONAL PERSONNEL EMPLOYMENT APPLICATION RUSSELL COUNTY SCHOOLS

P.O. BOX 8
LEBANON, VA 24266
TEL. (276)889-6500
FAX (276) 889-6508

Applicant's Full Name: _____
(Last) (First) (M.I.) (Maiden Name)

Other Name(s) _____
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address _____
(Street) (City) (State) (Zip)

Permanent Mailing Address _____
(Street) (City) (State) (Zip)

Telephone Numbers:
Present: () _____ Permanent: () _____ Work: () _____

Social Security Number _____ (Note: Completion of number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school division and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me. If I will be driving a school board vehicle which requires a commercial driver's license(CDL), I further authorize the school division to contact any former employers to obtain my drug testing record.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

Date: _____ Signature of Applicant: _____

The School Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

MARK THE APPROPRIATE BOXES: INDICATE POSITION(S) FOR WHICH YOU ARE APPLYING:

- | | | |
|--|---|--|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Previous Application | <input type="checkbox"/> Guidance | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Former Employee of the School Division | <input type="checkbox"/> Library/Media | <input type="checkbox"/> Psychologist |
| | <input type="checkbox"/> Other(Explain) | <input type="checkbox"/> Visiting Teacher/Social Worker |

Are you eligible to work in the U.S.? _____
 YES NO _____

List grade level(s) and/or subject area(s) in order of preference:

PERSONNEL USE ONLY

I. EDUCATIONAL AND PROFESSIONAL TRAINING (LIST CHRONOLOGICALLY.)

| Level of Education | Name of School or University | State | Field of Study | Type of Degree | Year of Graduation | Dates of Attendance From.... To... |
|-----------------------|------------------------------|-------|----------------|----------------|--------------------|------------------------------------|
| High School | | | | | | |
| College or University | | | | | | |
| | | | | | | |
| | | | | | | |

II. STUDENT TEACHING EXPERIENCE (LIST CHRONOLOGICALLY AND INCLUDE ANY INTERNSHIPS.)

| Name of School | School Division City/County | State | Grade Level and/or Subject | Dates | Personnel Use |
|----------------|-----------------------------|-------|----------------------------|-------|---------------|
| | | | | | |
| | | | | | |

III. TEACHING EXPERIENCE (LIST CHRONOLOGICALLY ALL TEACHING EXPERIENCE. DO NOT INCLUDE SUBSTITUTE TEACHING.)

| Name of School | School Division City/County | State | Position Held Grades and/or Subjects Taught (Specify) | Dates Mo./Day/Yr. (From...To...) | Total Years | Full Time | Part Time | Personnel Use |
|----------------|-----------------------------|-------|---|----------------------------------|-------------|-----------|-----------|---------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |

IV. MILITARY EXPERIENCE

| Branch of Service | Occupational Specialist (MOS) | Inclusive Dates |
|-------------------|-------------------------------|-----------------|
| | | |

V. CERTIFICATION

A. If you have been issued a Virginia certificate, please submit a photocopyCopy Enclosed? YES NO

Type of Va. Certificate: PROVISIONAL COLLEGIATE PROFESSIONAL PG PROFESSIONAL PUPIL PERSONNEL VIE

Year of Expiration of Virginia Certificate _____ Endorsement(s) _____

Have you applied for a Virginia certificate? NO YES When _____ Check if statement of eligibility enclosed

B. If you have been issued a certificate in another state, please submit a photocopy. Copy enclosed? YES NO

STATE _____ EXPIRATION DATE _____ CERTIFICATION/ENDORSEMENTS _____

C. Have you taken the PRAXIS II ? YES NO

Subject _____ Score Copy Enclosed? YES NO

Have you passed VCLA? YES NO Copy Enclosed? YES NO

Have you passed VRA? YES NO Copy Enclosed? YES NO

VI. GENERAL INFORMATION

Month, Day, and Year Available for employment _____ Are you under contract? YES NO

If yes, where? _____ Present Position _____

If presently employed, why do you wish to change?

If under contract, what type: Annual/Probationary Other (Explain) _____

If under contract, have you checked and can you be released if you are offered another position? YES NO

If not under contract now, have you ever held a continuing contract in Virginia? YES NO

If yes, cite school division(s) and date(s) _____

Referral Source: Advertisement/Posting Employee Friend Other (Explain) _____

Have you ever been refused tenure or a continuing contract? (If yes, explain on back.) YES NO

Have you ever been discharged or requested to resign from a position? (If yes, explain on back.) YES NO

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse,
or rape of a child? (If yes, explain on back.) YES NO

VII. REFERENCES

It is the applicant's responsibility to have the following information provided the School Division in order to be considered for employment:

- A. The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.
- B. Unless included in Placement File, applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.
- C. As indicated above, a Placement File is being sent, &/or references are listed for below:

| Name(s) | Position/Relationship | Mailing Address | Phone Number |
|---------|-----------------------|-----------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

VIII. EXTRACURRICULAR ACTIVITIES

NOTE: Indicate the number of years experience in the activities listed below. Circle activities you are willing to coach/sponsor:

| Extracurricular Activities | High School Experience | College Experience | Contract Experience | | Extracurricular Activities | High School Experience | College Experience | Contract Experience |
|----------------------------|------------------------|--------------------|---------------------|--|----------------------------|------------------------|--------------------|---------------------|
| Football | | | | | OM Director | | | |
| Basketball | | | | | Athletic Director | | | |
| Baseball | | | | | Athletic Trainer | | | |
| Softball | | | | | Forensics | | | |
| Track | | | | | Debate | | | |
| Cross Country | | | | | Drama | | | |
| Wrestling | | | | | Yearbook | | | |
| Gymnastics | | | | | Newspaper | | | |
| Field Hockey | | | | | Literary Magazine | | | |
| Golf | | | | | Student Government | | | |
| Tennis | | | | | Honor Society | | | |
| Volleyball | | | | | Clubs | | | |
| Soccer | | | | | Cheerleaders | | | |

IX. OTHER INFORMATION

In case a conflict of interest exists, list any local school board member or employee relative(s) in the school division and cite

relationship _____

Explain any physical or mental conditions which would adversely affect your ability to perform the duties of the position you seek with reasonable accommodation; or if there are none, so state

In your own handwriting, provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest:

PLEASE READ CAREFULLY BEFORE SIGNING:

The 1997 Session of the Virginia General Assembly in Senate Bill 725 requires the Russell County School Board, effective July 1, 1997, to search the State Board Abuse and Neglect Registry for information on all individuals seeking employment. The Russell County School Board is required to have every applicant sign a certification that the applicant has not been the subject of a founded case of child abuse or neglect.

I understand that misrepresentation of this condition shall be sufficient grounds for termination of employment and disqualification of my application.

I, _____, certify that I have not been the subject of a founded
(APPLICANT'S NAME - PLEASE PRINT)
case of child abuse or neglect.

(Date)

(Signature)

THE SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER