

SUPPORT PERSONNEL EMPLOYMENT APPLICATION

BUCHANAN COUNTY PUBLIC SCHOOLS
P.O. BOX 833
GRUNDY, VIRGINIA 24614
TELEPHONE: (276) 935-4551
FAX: (276) 935-7150

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

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 Code)

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

Telephone Number(s) () _____ () _____ () _____
(Present) (Permanent) (Work)

Social Security Number: _____ (Note: Completion of number is optional. Failure to submit social security number on this form will not affect 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 sources 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 is 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 neglect investigation 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 the application in the knowledge that they may be relied upon in considering my application and I understand that any omission, falsely 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, disability, or sex in its education programs or employment and provides equal access to the Boy Scouts and other designated youth groups. 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"/> Aide	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Previous Application	<input type="checkbox"/> Cook	<input type="checkbox"/> Secretary
<input type="checkbox"/> Former Employee of the School Division	<input type="checkbox"/> Custodian	<input type="checkbox"/> Other (Explain)

Are you eligible to work in the U.S.? Yes No

I. EDUCATIONAL AND PROFESSIONAL TRAINING

Name of School and Location Include High School and College in Order Taken	Dates From To	Semester Hours Credit	Degree Or Diploma	SUBJECT AREA Semester Hours and Credit

NOTE: All Substitute Teachers and Teachers Aides must submit transcript of credits from School or College, or GED Certificate.

II. WORK EXPERIENCE

Firm or Institution	Address	Dates From To	Nature of Work

III. REFERENCES

Name	Address	Occupation

IV. 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 want to change? _____

Have you ever been discharged or requested to resign form a position? (If yes, explain below) _____ Yes _____ No

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape

of a child? (If yes, explain below) _____ Yes _____ No _____

V. OTHER INFORMATION

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

Do you need any accommodations in order to perform the duties of the position you seek? _____ Yes _____ No

If yes, list required accommodations here. _____

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

(Date)

(Signature)

PERSONNEL USE ONLY

THE SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER