

# PROFESSIONAL PERSONNEL EMPLOYMENT APPLICATION

## BUCHANAN COUNTY PUBLIC SCHOOLS

1176 Booth Branch Rd  
GRUNDY, VIRGINIA 24614  
TELEPHONE: (276) 935-4551  
FAX: (276) 935-6091

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 the 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:

\_\_\_\_\_  
\_\_\_\_\_

**I. EDUCATIONAL AND PROFESSIONAL TRAINING**

Level of Education	Name of School or University	Field of Study	Type of Degree	Year of Graduation	Date of Attendance From To
High School					
College or University					

**II. STUDENT TEACHING EXPERIENCE**

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

**III. TEACHING EXPERIENCE**

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

**IV. MILITARY EXPERIENCE**

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates

**V. REFERENCES**

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

It is the applicant's responsibility to have the following information provided to 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 experience 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, and/or \_\_\_\_\_ references are listed below:

**VI. CERTIFICATION**

If you have been issued a Virginia certificate, please submit a photocopy. Copy Enclosed?  Yes  No

Type of Virginia Certificate:  Collegiate  PG Professional  Pupil Personnel

Year of Expiration of Virginia Certificate  Endorsement(s) \_\_\_\_\_

Have you applied for a VA Certificate? Yes  No (If 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 _____
State _____	Expiration Date _____	Certification/Endorsements _____

C. Have you taken the Praxis Examination?  Yes  No (If yes, please submit a copy of your scores.)

**VII. 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 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)  Yes  No \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? (If yes, explain)  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)  Yes  No \_\_\_\_\_

**VIII. EXTRACURRICULAR ACTIVITIES**

NOTE: Coaches and Sponsors of Activities Listed Below Receive Supplementary Payment above Teaching Salary

Extracurricular Activities	High School Experience	College Experience	Contract Experience
Baseball			
Basketball			
Cheerleading			
Debate			
Drama			
Football			
Forensics			
Golf			
Newspaper			
Softball			
Track			
Wrestling			
Yearbook			

**IX. 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 additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**PERSONNEL USE ONLY**

\_\_\_\_\_

\_\_\_\_\_

**THE SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER**