

Application for Employment – School Nutrition Program

Date of Application \_\_\_\_\_

Revised November 2009

**Harrisonburg City Public Schools**

www.harrisonburg.k12.va.us

Applicant's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Last First M.I.

Present Mailing Address \_\_\_\_\_  
Street City State Zip Code

Telephone Numbers:  
 Present: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Position desired: \_\_\_\_\_ Second choice of position: \_\_\_\_\_

Date of availability for employment: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever worked here before? No  Yes  If yes, when? \_\_\_\_\_ Location? \_\_\_\_\_

Education			
Names of Schools and Colleges	Dates	Diploma or Degree Earned	G.P.A.

Are you currently employed? ..... No  Yes   
 If yes, please list your current employer? \_\_\_\_\_

List the skills and experiences that would make you an effective member of the school nutrition team:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Experience			
Name of Organization	Address of Organization	Dates	In what capacity?

References		
* Name of Reference	Complete Mailing Address	Position

\* Please include the name of your current or most recent employer/supervisor. References received from persons listed above will be kept confidential and will not be released. References should not include family members.

Why do you want to work in our school division?

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- Have you ever been:
- recommended for dismissal?..... No  Yes
  - discharged, advised or requested to resign from a former position ..... No  Yes
  - charged (convicted, dismissed, null prossed, etc) of a violation of law other than a minor traffic violation?.... No  Yes
  - the subject of a founded case of child abuse and neglect? ..... No  Yes
  - convicted of a felony or any offense involving moral turpitude (lying, cheating or stealing), sexual molestation, physical or sexual abuse or rape of a child, or of any like offense against an adult?..... No  Yes
  - Are any criminal or non-civil charges or proceedings pending against you? ..... No  Yes

***If you have answered "yes" to any of these questions, please provide a full explanation in writing to accompany this application.***

My signature below authorizes the school division to conduct fingerprinting, 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 services, and other sources deemed appropriate in the sole discretion of the school division. I waive my right of access to any such information, except as otherwise required by law, and without limitation release the school division from any liability in connection with its release or use.

Furthermore, I unconditionally 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. I acknowledge that these questions shall be continuing in nature, and I have a duty to update, change or further amplify my answers to guarantee accuracy at all times. I understand that any omission, misleading or falsely answered statement made or implied by me on this application, or any supplement to it, whether written or oral, will be sufficient grounds for failure to employ or for my immediate discharge should I become employed with the school division. I further understand that if I make a materially false statement regarding any of the above offenses, I will be guilty of a class 1 misdemeanor. In the event the School Board determines, in its sole discretion, the existence of a material adverse report or omission as to any information, I agree that the employment offer/appointment will be deemed revoked immediately without further action, notice or process. I understand and agree that I am under a duty to report to the Harrisonburg City Public Schools any conviction for any offense other than a minor traffic violation that occurs after I sign this application. I also acknowledge that if accepted for employment, I hereby agree to abide by the policies, regulations and directives of the school division.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: In general, applications are maintained in active status for one school year.  
If you are recommended for employment, a criminal background check and Virginia Department of Social Services/Child Protective Services background check, as well as a TB screening, must be satisfactorily completed before you will be hired.*

Return Application to:	Director of School Nutrition Harrisonburg City Public Schools 101 North Main Street, 4 <sup>th</sup> Floor Harrisonburg, VA 22802 (540) 434-2752
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**Personnel Office Use**

References: \_\_\_\_\_ Receipt: \_\_\_\_\_ Decision: \_\_\_\_\_

Interview(s): \_\_\_\_\_

*Harrisonburg City School Board is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, political affiliation, gender, age, disability or marital status.*