

HARRISONBURG CITY PUBLIC SCHOOLS

Application for Employment

Revised November 2009

Personnel Use Only

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Praxis I |
| <input type="checkbox"/> References | <input type="checkbox"/> Praxis II |
| <input type="checkbox"/> License | <input type="checkbox"/> VRA |
| <input type="checkbox"/> Student Teaching | <input type="checkbox"/> VCLA |
| | <input type="checkbox"/> SLLA |

The information requested must be submitted on this application form. A resume or additional information may be attached as a supplement but may not be submitted in lieu of fully completing this application.

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 to enable verification of your work or school record.)

Present Mailing Address: _____
Street City State Zip

Permanent Mailing Address: _____
Street City State Zip

Telephone Numbers:
Present: () Mobile: () Work: ()

Email Address: _____

Social Security Number: _____

Note: Providing your Social Security Number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Your Social Security Number may be required on other forms prior to an offer of employment.

MARK THE APPROPRIATE BOXES:

- New Application
 Previous Application on File
 Former Employee of the School Division

Where? _____

When? _____

Are you a U.S. Citizen?

No Yes

If not, are you eligible to work in the US?

No Yes

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED:

- | | |
|--|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Guidance | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Library/Media | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Social Worker | |

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

1. _____
2. _____
3. _____

I. LICENSURE

A. Have you been issued a Virginia license? No Yes

Type of Virginia license: Collegiate Professional PG Professional Pupil Personnel Tech Provisional

Year of expiration of Virginia license: _____

Endorsement(s): _____

Have you applied for a Virginia license? No Yes When? _____ Check if statement of eligibility enclosed

B. If you have been issued a license in another state please provide details below. Copy enclosed? No Yes

State _____ Expiration Date _____ Type and Endorsements _____

State _____ Expiration Date _____ Type and Endorsements _____

C. Have you taken the Praxis II Assessment for Teachers? No Yes The SLA Assessment? No Yes

D. Have you taken the Virginia Communication & Literacy Assessment (VCLA)? No Yes

E. Have you taken the Virginia Reading Assessment (VRA)? No Yes

F. Have you completed the Child Abuse Recognition & Intervention Training? No Yes

Please submit a copy of your results if you have answered "YES" for any of the above Licensure Questions.

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References: _____ Receipt: _____ Decision: _____

Interview: _____

II. 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 Univ.						

**Please submit your college transcripts or request them to be sent to Human Resources*

III. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships, practicum, field experiences.)

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

IV. TEACHING EXPERIENCE (List chronologically all teaching experience, beginning with most recent. **DO NOT INCLUDE SUBSTITUTE TEACHING.**)

Name of School	School Division/County	State	Position Held	Dates MM/YY to MM/YY	Total Years	Full Time	Part Time	Reason for Leaving
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL YEARS						If hired, when are you eligible for a continuing contract?		

V. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically, beginning with most recent and attach an additional sheet if necessary.)

Employer	City/County	State	Kind of Work	Dates of Employment	Reason for Leaving

VI. MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MDS)	Inclusive Dates	Type of Discharge (Other than honorable or medical)

IX. REFERENCES

It is the applicant’s responsibility to have the following information provided to the School Division in order to be considered for employment. (Please note that references may be contacted upon receipt of the application whether or not an opening exists.)

- 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. Applicants with educational work experience must provide recommendations from principals and/or superintendents from all contracted experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience. Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and cooperating teacher(s) in the placement file or by listing names below.

Name of Reference	Position/Relationship	Complete Mailing Address	Phone Number

X. INFORMATION DISCLOSURE & AGREEMENT OF UNDERSTANDING

Have you ever been refused a continuing contract/tenure? (If yes, attach explanation)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been discharged, advised or requested to resign from a position? (If yes, attach explanation)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been the subject of a consideration, recommendation, or action for nonrenewal of a contract of employment or for dismissal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had any certificate, permit, or license revoked or suspended? (If yes, attach explanation)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been charged (convicted, dismissed, null passed, etc) of a violation of law other than a minor traffic violation? (If yes, attach explanation)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been the subject of a founded case of child abuse or neglect? (If yes, attach explanation)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are any criminal or non-civil charges or proceedings pending against you? (If yes, attach explanation)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been 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 any like offense against an adult? (If yes, attach explanation)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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.

Date _____ Signature of Applicant _____

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 Human Resources	Phone
	Harrisonburg City Public Schools	(540) 434-9916
	317 South Main Street	Fax
	Harrisonburg, VA 22801	(540) 434-5196

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.