

IX. EXTRACURRICULAR ACTIVITIES

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

Extra Curricular Activities	High School Experience	College Experience	Contract Experience	Extra Curricular Activities	High School Experience	College Experience	Contract Experience
Baseball				Athletic Director			
Basketball				Athletic Trainer			
Cross Country				Cheerleaders			
Dance				Clubs			
Football				Debate			
Golf				Drama			
Gymnastics				Forensics			
Soccer				Honor Society			
Softball				Intramurals			
Swimming				Literary Magazine			
Tennis				Newspaper			
Track				Student Government			
Volleyball				Yearbook			
Other				Other			

X. OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite relationship:

Are you able to perform all essential functions of the job for which you are applying with or without accommodation?
 No Yes

Describe your attendance record in objective terms, such as present 180 of 180 of the total days scheduled to work : _____

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.

(attach sheet if needed)

AN EQUAL OPPORTUNITY EMPLOYER

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



Goochland County Public Schools

P.O. Box 169 • Goochland, Virginia 23063-0169
 (804) 556-5603 • FAX: (804) 556-3847 • www.glnd.k12.va.us

**APPLICATION FOR EMPLOYMENT
 CERTIFIED PERSONNEL**

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)

E-mail Address: _____ Cell Phone # () _____

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

Social Security Number: _____ (Note: Completion of number is optional. Failure to submit a 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 sources deemed appropriate in the sole discretion of the school division. 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 illustrative 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.

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 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. 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. In conclusion, I acknowledge that if accepted for employment, I hereby agree to abide by the policies, regulations, and directives of the school division.

Unsigned applications will not be considered.

Date: _____ Signature of Applicant: _____

MARK THE APPROPRIATE BOXES

- New Application
- Previous Application on File
- Former Employee of the School Division
- U.S. Citizen
- Eligible to work in the U.S.

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED

- Teacher
 - ____ Primary, NK-4
 - ____ Elementary, 1-7
 - ____ Middle, 6-8
 - ____ Secondary, 9-12
 - ____ Special Education
- Administrative/Supervisory
 - ____ Principal
 - ____ Assistant Principal
 - ____ Other (specify below) _____
- Guidance
- Psychologist
- Visiting Teacher/School Social Worker
- Nurse
- Other _____

SUBSTITUTE TEACHER APPLICANT ONLY

List schools preferred: Elementary _____
 Middle _____
 Secondary _____

PERSONNEL USE ONLY			Date _____
<input type="checkbox"/> Application Complete	<input type="checkbox"/> Application Incomplete	<input type="checkbox"/> Reactivated	Interviewer _____
<input type="checkbox"/> Praxis	<input type="checkbox"/> Placement File	<input type="checkbox"/> Virginia License	_____
<input type="checkbox"/> Core	<input type="checkbox"/> References	<input type="checkbox"/> Out-of-State License	_____
<input type="checkbox"/> Specialty	<input type="checkbox"/> Transcripts		_____

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, practicums, field experiences)

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

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

Name of School	City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates Mo/Day/Yr. From To	Total Years	Full Time (✓)	Part Time (✓)	Reason for Leaving
TOTAL						If hired, when eligible for continuing contract?		

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

Employer	Street/P.O. City/County	State	Kind of Work	Dates of Employment	Reason for Leaving

V. MILITARY EXPERIENCE

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

THE GOOCHLAND COUNTY SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER

VI. LICENSURE

A. If you have been issued a Virginia license, please submit a photocopy. Copy enclosed? No Yes
 Type of Virginia license: Provisional Collegiate Professional PG Professional Pupil Personnel Tech.
 Year of expiration of Virginia license _____ Endorsement(s) _____

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

B. If you have been issued a license in another state, please submit a photocopy. Copy enclosed? No Yes
 State _____ Expiration Date _____ License and Endorsements _____
 State _____ Expiration Date _____ License and Endorsements _____

C. Have you taken the Praxis Assessments for Teachers? (If yes, please submit a copy of your scores/Indicate paper or computer test version)
 Core Battery: No Yes _____
 Subject Area: No Yes _____
Month Year Reading Writing Math
Month Year Subject Score

VII. GENERAL INFORMATION

Month, Day, and Year available for employment _____ Are you under contract? No Yes

If yes, where? _____ Present Position _____

If presently employed, why do you wish to change? _____

If under contract, what type: Annual/Probationary Other (explain) _____ Continuing/Tenure

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

If not under contract now, have you ever held a continuing contract in Virginia? No Yes

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

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

Have you ever been refused a continuing contract/tenure? (If yes, attach explanation) No Yes

Have you ever been discharged, advised or requested to resign from a position? (If yes, attach explanation) No Yes

Have you ever been the subject of consideration, recommendation, or action for nonrenewal of contract of employment? No Yes

Have you ever been convicted (as guilty or not innocent) of a violation of law other than a minor traffic violation? (If yes, attach explanation) No Yes

Have you ever had any certificate, permit, or license revoked or suspended? (If yes, attach explanation) No Yes

Are any criminal or non-civil charges or proceedings pending against you? (If yes, attach explanation) No Yes

Have you been convicted (as guilty or not innocent, or a determination of abuse or neglect founded against you) of any offense involving moral turpitude, the sexual molestation, physical or sexual abuse or rape of a child, or any like offense against an adult? (If yes, explain on back) No Yes

VIII. 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. 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.

Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s) in the placement file or by listing names below.

C. As indicated above: A Placement File is being sent AND/OR references are listed below:

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			

THE GOOCHLAND COUNTY SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER