



Goochland County Public Schools

P.O. Box 169 • Goochland, Virginia 23063-0169
(804) 556-5316 • FAX: (804) 556-3847 <http://www.glnv.k12.va.us/>

APPLICATION FOR EMPLOYMENT **CLASSIFIED 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)

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

Email Address: _____

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 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. 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.

Date: _____ Signature of Applicant: _____

MARK THE APPROPRIATE BOXES

- New Applicant
- Previous Application on File
- Former Employee of the School Division
- Are you a U.S. Citizen Yes No
- If not, are you eligible to work in the U.S. Yes No

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED

- Bookkeeper
- Budget/Finance/Payroll Supervisor
- Bus Driver
- Carpenter
- Custodian (Head)
- Custodian (part-time)
- Electrician
- Food Service Manager
- Food Service Supervisor
- Food Service Worker
- Heating/Ventilation/Air-Conditioning Mechanic
- Maintenance Supervisor
- Maintenance Worker
- Secretary
- Substitute Teacher
- Teacher Assistant
- Transportation Clerk
- Transportation Mechanic

PERSONNEL USE ONLY

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. WORK EXPERIENCE (List chronologically and attach a sheet if necessary)

Employer	City/County	State	Kind of Work	Dates of Employment	Personnel Use

III. MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

IV. 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, have you checked and can you be released if offered another position? No Yes

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

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

