



# Goochland County Public Schools

P.O. Box 169 • Goochland, Virginia 23063  
(804) 556-5316 • Fax: (804) 556-3847 • www.gln.d.k12.va.us

## APPLICATION FOR EMPLOYMENT CERTIFIED PERSONNEL

Applicant's Full Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Numbers: Present: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Permanent: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

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 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.

**Unsigned applications will not be considered.**

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

*By entering my full name, I agree to the terms stated above.*

**Please mark *all* boxes that apply:**

- New Application                       Previous application on file                       Former GCPS Employee  
 U.S. Citizen                               Eligible to work in the U.S.

**Please indicate position(s) desired for which you are qualified:**

- Teacher:**                       Elementary:                      PreK 1 2 3 4 5 (Circle all that apply)  
 Middle School                      Subject(s) \_\_\_\_\_  
 High School                      Subject(s) \_\_\_\_\_  
 ESL    Subject(s) \_\_\_\_\_  
 Resource/Elective (Art, Music, etc.)                      Grade(s) \_\_\_\_\_  
 Other (Library Media, etc.) \_\_\_\_\_

**Special Education Teacher:**

- ECSE                       LD                       ED                       MR                       Other \_\_\_\_\_

**Administrative/Supervisory:**

- Principal                       Assistant Principal                       Other \_\_\_\_\_

**Support Staff:**

- Guidance                       Nurse                       OT  
 Psychologist                       Speech                       PT                       Other \_\_\_\_\_



## VII. General Information

If presently employed, why do you wish to change?

Month, Day and Year available for employment:

Are you under contract?  Yes  No If yes, where?

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

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

Have you ever held a continuing contract in Virginia?  Yes  No

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

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

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

Referral source (please specify):

Internet Site: \_\_\_\_\_  Print Media: \_\_\_\_\_  Employee: \_\_\_\_\_  
 Job Fair: \_\_\_\_\_  Other: \_\_\_\_\_

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

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)  Yes  No

Have you ever had any certificate, permit, or license revoked or suspended?  Yes  No

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

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, sexual molestation, physical or sexual abuse or rape of a child, or any like offense against an adult? (If yes, attach explanation)  Yes  No

## 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. 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.

C. Please list references below and distribute Reference Evaluation forms to these individuals:

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

## IX. Extracurricular Activities

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

Extracurricular Activities	High School Experience	College Experience	Contract Experience	Extracurricular Activities	High School Experience	College Experience	Contract Experience
Baseball				Athletic Director			
Basketball				Athletic Trainer			
Cross Country				Cheerleading			
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?  Yes  No

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 that are of special interest.

Handwriting area with multiple horizontal lines for text entry.

*The Goochland County Public School Division does not discriminate on the basis of race, color, religion, national origin, political affiliation, gender, age, marital status, disability, or 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.*

**PERSONNEL USE ONLY**

- Application Complete
- Application Incomplete
- Reactivated
- Praxis I
- References
- Virginia License
- Praxis II
- Transcripts
- Out-of-State License
- Other: \_\_\_\_\_

Interviewer(s):	

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