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|----------------------|----------------------------------|----------------------|----------------------|
| *Date Appl. Received | *Date Appl. Entered/Acknowledged | *Interview Scheduled | *Interview Completed |
|----------------------|----------------------------------|----------------------|----------------------|

Tazewell County Public Schools
Tazewell, Virginia 24651
PH: (276) 988-5511

Indicate Position(s) desired for which you are endorsed:

- Teacher
- Administrator
- Guidance
- Library/Media
- Other (explain)

Mark the Appropriate box:

- New Application
- Previous application on file
- Former employee of the school system

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

APPLICATION FOR EMPLOYMENT

The applicant is asked to supply the information requested on this form. When completed, the application should be mailed to the Human Resources Office along with supporting documentation, including transcripts, copy of license, and professional teacher assessment scores.

PERSONAL DATA

DATE _____

NAME IN FULL _____ E-MAIL: _____
(Last) (First) (Middle)

PRESENT ADDRESS _____ PHONE: _____
(Street) (City) (State) (Zip)

PERMANENT ADDRESS _____ PHONE: _____
(Street) (City) (State) (Zip)

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) _____

B. If you do not currently hold a license, please check all that apply:
 I am eligible for a full teaching license and have applied for it.
 I am eligible for a full teaching license, but have not applied for it.
 I am eligible for a provisional teaching license and have applied for it.
 I am eligible for a provisional teaching license, but have not applied for it.
 I have a Statement of Eligibility issued by the Virginia Department of Education.
 I am unsure whether I meet licensure eligibility requirements.

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

D. Have you taken the Praxis II Assessments for Teachers? No Yes (If yes, please submit a copy of your scores.)

NOTE: APPLICATIONS ARE KEPT ON FILE FOR A ONE YEAR PERIOD FROM DATE OF APPLICATION. A REQUEST IN WRITING IS REQUIRED TO RETAIN AN APPLICATION FOR ADDITIONAL TIME.

EDUCATIONAL AND PROFESSIONAL TRAINING

| Level of Education | Name of School or Institution | State | Type of Degree | Field of Study | Year of Graduation | Dates of Attendance From... To |
|--------------------|-------------------------------|-------|----------------|----------------|--------------------|--------------------------------|
| High School | | | | | | |
| Undergraduate | | | | | | |
| Graduate | | | | | | |
| Postgraduate | | | | | | |

STUDENT TEACHING EXPERIENCE

| Name of School | School Division City/County | State | Grade Level & Subject | Supervising Teacher | Dates | Final Grade |
|----------------|-----------------------------|-------|-----------------------|---------------------|-------|-------------|
| | | | | | | |
| | | | | | | |

MILITARY EXPERIENCE

| Branch of Service | Inclusive Dates |
|-------------------|-----------------|
| | |

SPECIAL INTERESTS AND ACTIVITIES

Indicate the number of years in the activities listed below. Check boxes of activities you are willing to coach or sponsor:

| Extra Curricular Activities | High School Experience | College Experience | Contract Experience | Extra Curricular Activities | High School Experience | College Experience | Contract Experience |
|--|------------------------|--------------------|---------------------|---|------------------------|--------------------|---------------------|
| <input type="checkbox"/> Football | | | | <input type="checkbox"/> Athletic Director | | | |
| <input type="checkbox"/> Basketball | | | | <input type="checkbox"/> Forensics | | | |
| <input type="checkbox"/> Baseball | | | | <input type="checkbox"/> Debate | | | |
| <input type="checkbox"/> Softball | | | | <input type="checkbox"/> Drama | | | |
| <input type="checkbox"/> Track | | | | <input type="checkbox"/> Yearbook | | | |
| <input type="checkbox"/> Cross Country | | | | <input type="checkbox"/> Newspaper | | | |
| <input type="checkbox"/> Wrestling | | | | <input type="checkbox"/> Literary Magazine | | | |
| <input type="checkbox"/> Gymnastics | | | | <input type="checkbox"/> Student Government | | | |
| <input type="checkbox"/> Golf | | | | <input type="checkbox"/> Honor Society | | | |
| <input type="checkbox"/> Tennis | | | | <input type="checkbox"/> Clubs | | | |
| <input type="checkbox"/> Volleyball | | | | <input type="checkbox"/> Cheerleaders | | | |
| <input type="checkbox"/> Soccer | | | | | | | |

Membership in organizations (list professional organizations only): _____

Honors (above high school only): _____

Community activities in which you have been active: _____

Hobbies and special interests relevant to teaching or desired position: _____

TEACHING EXPERIENCE

(List chronologically all teaching experience,
DO NOT INCLUDE SUBSTITUTE TEACHING.)

| Name of School | School Division City/County | State | Position Held Grades and/or Subjects Taught (Specify) | Dates Mo./Day/Yr. (From... To) | Total Years | Personnel Use Only |
|----------------|--------------------------------|-------|---|--------------------------------------|-------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Years | | | | | | |

WORK EXPERIENCE OTHER THAN TEACHING

(List chronologically.
Account for all work experience.)

| Employer | City/County | State | Position Held | Date of Employment | Personnel Use Only |
|----------|-------------|-------|---------------|--------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

OTHER INFORMATION

- Describe your attendance record in objective terms, such as present 180 of 180 of the total days scheduled to work: _____
- Are you under contract? _____ If yes, where? _____ Present Position _____
 If under contract, what type? Annual/Probationary Continuing/Tenure Other
 If under contract, have you checked and can you be released if you are offered another position? _____
- Month/Day/Year Available _____
- Why do you wish to make a change if you are presently employed? _____
- If not under contract, have you ever held a continuing contract/tenure in Virginia? No Yes
 If yes, cite school division(s) and date(s) _____
- Have you ever had any certificate, permit, or license revoked or suspended? _____ (If yes, attach explanation.)
- Have you ever been subject of consideration, recommendation, or action for nonrenewal of contract of employment? _____
 (If yes, attach explanation.)
- Have you ever been convicted of a violation of law other than a minor traffic violation? _____ (If yes, attach explanation.)
- How many sick leave days have you accumulated in Virginia? _____
- Have you been convicted (as guilty or not innocent, or a determination of abuse or neglect founded against you) of a misdemeanor, a felony or any offense involving moral turpitude, the sexual molestation, physical abuse, neglect, or rape of a child, or any like offense against an adult? _____ (If yes, attach explanation.)
- Are any criminal or non-civil charges or proceedings pending against you? _____ (If yes, attach explanation.)
- Are you legally authorized to work in the United States? _____
- Are you currently receiving retirement benefits from the Virginia Retirement System (VRS)? _____
 If yes, list name of organization from which you retired and your retirement date _____

REFERENCES

ALL APPLICANTS, PLEASE LIST REFERENCES BELOW:

- A. **Beginning Teachers:** Request Placement file if registered with placement office (mail to address on back of application). If not registered, references must include the student teaching supervisor and cooperating teacher.
- B. **Applicants with Teaching/Educational Experience:** References listed below must include those who are in a position to evaluate your performance.
- C. **Applicants with Work Experience other than Teaching:** References should include supervisory officials.

Please list full name, complete mailing address, and telephone number for all references.

| Name | Address | Telephone # | Position |
|------|---------|-------------|----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Please submit unofficial transcripts for all earned degrees and coursework with this application. (Official transcripts must be submitted upon employment.)

AFFIRMATION AND SIGNATURE

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 appropriate sources. I waive my right of access to any such information and without limitation hereby release or use. This release includes the sources cited above and specific 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 involving me.

Furthermore, I 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, and I understand that any omission, falsely-answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

Date Signature of Applicant

SEND THIS APPLICATION TO: HUMAN RESOURCES OFFICE
 TAZEWELL COUNTY SCHOOLS
 209 WEST FINCASTLE TURNPIKE
 TAZEWELL, VIRGINIA 24651

The Tazewell County Public School System does not discriminate on the basis of gender, race, age, color, religion, handicapping condition, or national origin in employment or in educational programs/activities. The Tazewell County Public School Board is an Equal Opportunity Employer.