

# Appomattox Regional Governor's School for the Arts & Technology

Petersburg, Virginia 23803

Applicant's Full Name \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden N.)

Present Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers:  
 Present:  \_\_\_\_\_ Permanent:  \_\_\_\_\_ Work:  \_\_\_\_\_

Social Security Number \_\_\_\_\_

(Note: Completion of number is optional. Failure to submit Social Security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)

<b>Personnel Use Only</b>	
<input type="checkbox"/> Stu. Tchg.	<input type="checkbox"/> NT
<input type="checkbox"/> Place.File	<input type="checkbox"/> Core
<input type="checkbox"/> References	<input type="checkbox"/> Spec
<input type="checkbox"/> Transcripts	<input type="checkbox"/> Cert.
<input type="checkbox"/> Background Check	

My signature below authorizes the Governor's School 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, and other appropriate sources. 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 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 State 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 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, false 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 \_\_\_\_\_

**MARK THE APPROPRIATE BOXES:  
 ENDORSED**

**INDICATE POSITION (S) DESIRED FOR WHICH YOUR ARE**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Application                          | <input type="checkbox"/> Teacher               | <input type="checkbox"/> Coordinator                          |
| <input type="checkbox"/> Previous Application on File             | <input type="checkbox"/> Guidance              | <input type="checkbox"/> Nurse                                |
| <input type="checkbox"/> Former Employee of the Governor's School | <input type="checkbox"/> Library/Media         | <input type="checkbox"/> Psychologist                         |
|   | <input type="checkbox"/> Other (Explain) _____ | <input type="checkbox"/> Visiting Teacher/Social Worker _____ |

Are you a U.S. Citizen?  
 Yes  No

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

If not, are you eligible to work in the U.S.?  
 Yes  No

**PERSONNEL USE ONLY**

---



---



---



---



Applicant Name: \_\_\_\_\_

**III. MILITARY EXPERIENCE**

<b>Branch of Service</b>	<b>Occupational Specialists</b>	<b>Inclusive Dates</b>	<b>Type of Discharge</b>

**IV. CERTIFICATION**

A. If you have been issued a Virginia certificate, please submit a photocopy.

Enclosed  No  Yes

Type of Va. Certificate:  Provisional  PG Professional  Collegiate Professional  Pupil Personnel  VIE

Year of Expiration of Virginia Certificate \_\_\_\_\_ Endorsement (s) \_\_\_\_\_

Have you applied for a Virginia Certificate?  No  Yes Date \_\_\_\_\_

Eligibility statement enclosed

B. If you have been issued a certificate in another state, please submit a photocopy.

Enclosed  No  Yes

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certification/Endorsements \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certification/Endorsements \_\_\_\_\_

C. Have you taken the Teacher's Examination? (If yes, please submit a copy of your scores.)

Core Battery:  No  Yes \_\_\_\_\_ Enclosed  No  Yes

Month Year CS GK PK

Specialty Area:  No  Yes \_\_\_\_\_ Enclosed  No  Yes

Month Year CS GK PK

D. If you wish to apply for this position through an alternate route or request a waiver, please explain on a separate page.

**V. GENERAL INFORMATION**

Month, Day, and Year Available for employment \_\_\_\_\_ Present Position \_\_\_\_\_

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

Referral Source:  Advertisement/Posting  Employee  Friend  Other

(Explain) \_\_\_\_\_

Have you ever been refused tenure or a continuing contract? (If yes, explain on back)

No  Yes

Have you ever been discharged or requested to resign from a position? (If yes, explain on back)

No  Yes

Have you ever been convicted of a violation of law other than a minor traffic violation? (If yes, explain on back)  No  Yes

Have you ever had a certificate or license revoked or suspended? (If yes, explain on back)

No  Yes

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? (If yes, explain on back)  No  Yes

**VI. REFERENCES**

It is the applicant's responsibility to have the following information provided in order to be considered for employment:

- A. The names of at least three references sources must be provided and must include current employer if employed, or last employer if not currently employed. (Two should be references for which you have already or will provide letters of recommendation.)
- B. Unless included in Placement File, applicants with work experience must provide recommendations from principals and /or superintendents from all contracted educational work experience within the past three years. If experience was not within the past three years, provide references from the last contracted experiences.
- C. As indicated above,  a Placement File is being sent, and/or  references are listed below:

NAME OF REFERENCES	POSITION/RELATIONSHIP	MAILING ADDRESS	PHONE NUMBER

**VII. OTHER INFORMATION**

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

\_\_\_\_\_

ADDITIONAL REMARKS AND /OR EXPLANATIONS FROM SECTION V GENERAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Appomattox Regional Governor's School does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, disabilities, or sex in its educational programs or employment. No person shall be denied employment solely because of any impairment, which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

FOR OFFICE USE ONLY	
Application Acknowledgement Date _____	Verification of Previous Employment – Forms Received _____
Interviewed by _____	Interview Date _____
Assigned To _____	Position _____
Experience Granted: _____ Virginia _____	Out of State _____ Military Service _____ Total _____
Level/Salary Step _____	Work Term _____ Base Salary _____
Highest Degree _____	Supplements _____
Beginning Date _____	Per Diem _____/day X _____ days backed out = _____
Contract Salary _____	Replaces _____
Authorized by _____	Date Contract Authorized _____
Contract Status _____	Reactivation Date _____
Comments:	
_____	
_____	
_____	