

Bedford County Public Schools

310 South Bridge Street • P.O. Box 748 • Bedford, Virginia 24523-0748

Personnel Use Only

- | | | |
|---|---|---|
| <input type="checkbox"/> NTE/Praxis | <input type="checkbox"/> Transcripts | <input type="checkbox"/> Reactivated |
| <input type="checkbox"/> Core <input type="checkbox"/> Speciality | <input type="checkbox"/> Physician's Certificate | <input type="checkbox"/> Virginia License |
| <input type="checkbox"/> Placement File | <input type="checkbox"/> EEOC | <input type="checkbox"/> Out of State License |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> References | <input type="checkbox"/> Criminal Check | <input type="checkbox"/> Inservice _____ |
| | <input type="checkbox"/> Child Protective Services Search | |

APPLICATION FOR EMPLOYMENT

Accommodations may be requested (if needed) to participate in the application process.

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: () _____

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.)

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 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 or 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 to 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, 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 _____

- | | | |
|---|---|---|
| <input type="checkbox"/> New Applicant | <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Previous Application on File | <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Former Employee of the School Division | <input type="checkbox"/> Guidance | <input type="checkbox"/> Visiting Teacher/Social Worker |
| | <input type="checkbox"/> Library/Media | <input type="checkbox"/> Other (Explain) _____ |
| | <input type="checkbox"/> Psychologist | _____ |

Are you a U.S. Citizen?
 Yes No

Check grade level(s) and/or list subject area(s) in order of preference:

- | | |
|--|---|
| <input type="checkbox"/> Primary (K-3) | <input type="checkbox"/> Elementary (4-6) |
| <input type="checkbox"/> Middle (6-8) | <input type="checkbox"/> Secondary (9-12) |

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

SUBSTITUTE TEACHER APPLICANT ONLY

List schools preferred: Elementary _____
Middle _____
Secondary _____

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Dates of Attendance From...To
High School					
College or University					

II. STUDENT TEACHING EXPERIENCE (List chronologically and include internships)

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

III. ADMINISTRATIVE/SUPERVISORY/TEACHING EXPERIENCE
ACCREDITED PUBLIC and PRIVATE SCHOOL (List Chronologically, 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	Full Time (✓)	Part Time (✓)	Personnel Use
Total								

IV. WORK EXPERIENCE OTHER THAN TEACHING (List Chronologically and attach a sheet if necessary)

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

V. MILITARY EXPERIENCE

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

VI. LICENSURE

- A. If you have been issued a Virginia license, **please submit a photocopy**. Copy enclosed?No Yes
 Type of VA license: Collegiate Professional Postgraduate Professional
 Pupil Personnel Vocational Education
 Year of Expiration of Virginia License _____ Endorsement(s) _____

 Have you applied for a Virginia license?No Yes When _____
 Check if copy of statement of eligibility enclosed
- B. If you have been issued a license in another state, **please submit a photocopy**.
 Copy enclosed.....No Yes
 State _____ Expiration Date _____ Licensure/Endorsements _____
 State _____ Expiration Date _____ Licensure/Endorsements _____
- C. Have you taken the National Teacher's or Praxis Examination? (If yes, please submit a copy of your scores.)
 Core Battery: No Yes
 PPST: No Yes _____ Month _____ Year _____ Reading _____ Writing _____ Math _____ Copy Enclosed? ...No Yes
 Speciality Area: No Yes
 _____ Month _____ Year _____ Subject _____ Score _____
 Copy Enclosed?No Yes

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 yes, cite school division(s) and date(s) _____
 Referral Source: Advertisement/Posting Recruitment Employee/Friend Other
 (Explain) _____

Have you ever been refused tenure or a continuing contract?
 (If yes, explain on the back of application.)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, please explain on the back of application).....No Yes
 Have you ever had a license revoked or suspended? (If yes, explain on the back of application)....No Yes
 Are any criminal charges or proceedings pending against you? (If yes, explain on back).....No Yes
 Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?
 (If yes, explain on the back of application).....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:

- A. **Three reference letters must be provided**
 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.
 C. As indicated above, a Placement File is being sent &/or references are listed below:

Name of Reference	Position/Relationship	Mailing Address	Phone No.
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:

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

X. OTHER INFORMATION

Can you perform the essential functions of the position?Yes No

If no, what reasonable accommodations would be required to enable you to perform the job related responsibilities?

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

Professional employees are required to work 10, 11, or 12 month contracts. Will you be able to meet the attendance requirement?Yes No

In your own handwriting provide any additional information you desire that will afford an additional understanding of your qualifications. Include your goals, objectives, philosophy, and other background factors of special interest if you desire to tell us.

ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION VII. GENERAL INFORMATION

Bedford County Public Schools does not discriminate on the basis of race, color, national origin, sex, or disability in it programs, activities, or employment practices, as required by Title VI, Title IX and Section 504