

SCOTT COUNTY PUBLIC SCHOOLS 340 EAST JACKSON STREET GATE CITY, VA 24251 PH: 276-386-6118 FAX: 276-386-2684	APPLICATION FOR EMPLOYMENT	PRINT WITH INK OR TYPE
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POSITION APPLIED FOR _____
 (One per application)

PERSONAL DATA	FULL NAME _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>			
	ADDRESS _____ <div style="text-align: center;">Street/Route/Box</div>			
	_____ <div style="display: flex; justify-content: space-between; width: 100%;"> City State Zip </div>			
	SOCIAL SECURITY NO. _____ (Completion of SS# is optional. Failure to submit SS# will not prohibit employment; however, it will be required upon employment.)			
	HOME PHONE _____		BUSINESS PHONE _____	
ARE YOU 18 YEARS OF AGE OR OVER? _____ YES _____ NO				
EXPERIENCE	STARTING WITH MOST RECENT, DESCRIBE ALL PAID, MILITARY, AND APPLICABLE VOLUNTARY EXPERIENCE. HIGHLIGHT YOUR KNOWLEDGE, SKILLS, AND ABILITIES, WHICH BEST DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION. YOU MAY LIST SIGNIFICANTLY DIFFERENT JOBS WITHIN SAME ORGANIZATION AS SEPARATE ITEMS. MAY WE CONTACT YOUR SUPERVISOR? _____			
	EMPLOYER	LOCATION	TYPE OF WORK	DATES OF EMPLOYMENT
ADDITIONAL INFORMATION: _____ _____				
EDUCATION	CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA _____ YES _____ NO DATE COMPLETED _____ CIRCLE NUMBER OF YEARS POST HIGH SCHOOL EDUCATION 1 2 3 4 5 6 7 8			
	NAME & ADDRESS OF INSTITUTE	HOURS	DEGREE	MAJOR/MINOR
IF YOU EXPECT TO COMPLETE AN EDUCATIONAL PROGRAM IN THE NEAR FUTURE, PLEASE INDICATE TYPE AND EXPECTED COMPLETION DATE: _____ _____				

MISCELLANEOUS

CHECK WHICH JOB STATUS YOU WOULD ACCEPT: _____ FULL-TIME _____ PART-TIME
 LIST SCHOOLS IN WHICH YOU ARE WILLING TO WORK:

NOTE: PROOF OF A NEGATIVE TUBERCULIN TEST MUST ACCOMPANY THIS APPLICATION.

FOR PURPOSES OF COMPLIANCE WITH THE IMMIGRATION ACT, ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____ UNDER THE IMMIGRATION REFORM ACT OF 1986, YOU WILL BE REQUIRED TO FILL OUT A CERTIFICATE VERIFYING THAT YOU ARE ELIGIBLE TO BE EMPLOYED AND VERIFYING YOUR IDENTITY. FURTHER, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO THAT EFFECT SHOULD YOU BE EMPLOYED.

HAVE YOU EVER BEEN CONVICTED OF A LAW VIOLATION(S), INCLUDING MOVING TRAFFIC VIOLATIONS, BUT EXCLUDING OFFENSES COMMITTED BEFORE YOUR 18TH BIRTHDAY WHICH WERE FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW? _____ (IF YES, EXPLAIN.

WHEN WILL YOU BE ABLE TO START WORK? _____

LICENSE (INCLUDING DRIVER'S LICENSE) AND CERTIFICATE OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION.

TYPE	LICENSE NO.	EXPIRATION DATE	GRANTED BY

REFERENCES

LIST NAMES, ADDRESSES, AND RELATIONSHIPS OF THREE PERSONS NOT RELATED TO YOU WHO KNOW YOUR QUALIFICATIONS:

NAME	ADDRESS	PHONE	RELATIONSHIP

CERTIFY

EACH APPLICATION REQUIRES CURRENT DATE AND ORIGINAL SIGNATURE. MY SIGNATURE AUTHORIZES THE SCHOOL DIVISION TO CONDUCT A BACKGROUND INVESTIGATION AND RELEASE OF INFORMATION IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I HEREBY CERTIFY THAT ALL ENTRIES ON THIS APPLICATION AND ATTACHMENTS ARE TRUE AND COMPLETE. I HEREBY AGREE AND UNDERSTAND THAT ANY FALSIFICATION OR INFORMATION HEREIN, REGARDLESS OF TIME OF DISCOVERY, MAY CAUSE FORFEITURE ON MY PART TO EMPLOYMENT WITH SCOTT COUNTY SCHOOLS. I UNDERSTAND THAT ALL INFORMATION IS SUBJECT TO VERIFICATION AND I CONSENT TO REFERENCES, FORMER EMPLOYERS, AND EDUCATIONAL INSTITUTIONS BEING CONTACTED.

SIGNATURE _____ DATE _____

The Scott County Public School System is an **Equal Opportunity Employer** and does not discriminate on the basis of race, color, national origin, political affiliation, sex, religion, age, or disability in the admission or access to, and participation and employment in its programs, services, or activities. Reasonable accommodation(s) will be offered upon request. Compliance Coordinators are: Jennifer Frazier, Title IX and Brenda Robinette, Title IVB. Questions or concerns may be addressed to: Scott County Public Schools, 340 East Jackson Street, Gate City, VA 24251. (276) 386-6118.