



**CHARLES CITY COUNTY PUBLIC SCHOOLS**  
 10035 Courthouse Road Charles City, Virginia 23030  
 804-652-4649 Human Resources | 804-829-2363 Fax

**APPLICATION FOR PROFESSIONAL EMPLOYEES**

Please read carefully and complete thoroughly. Confidential assistance may be obtained upon request to persons with specific disabilities that prevent them from completing this application.

**AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER NOTICE OF NONDISCRIMINATION**

Charles City County Public Schools is an Equal Employment Employer and as such, does not discriminate against any individual based upon race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, or national origin.

Employment qualifications for all positions shall be based only on job requirements as set forth and approved by the School Board. It is the policy of the board to provide Equal Employment Opportunity in all aspects of employer/employee relationships including recruiting, hiring, upgrading and promoting.

The School Board Office is located at 10035 Courthouse Road, Charles City County, VA, and the telephone number is (804) 652-4612. Office hours are 8:30 a.m. to 4:30 p.m., Monday thru Friday.

**POSITION(S) APPLYING FOR:**

- Principal \_\_\_\_\_
- Assistant Principal \_\_\_\_\_
- Teacher \_\_\_\_\_
- District Administrator \_\_\_\_\_
- Other: \_\_\_\_\_

**Licensure**

Type of license \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 License Number \_\_\_\_\_  
 Issuing State \_\_\_\_\_

Current Salary: \_\_\_\_\_  
 When could you begin? \_\_\_\_\_

**Complete all sections of the application. Incomplete applications will not be screened.**



## PERSONAL/EMPLOYMENT INFORMATION

This personal information is being collected and will be used for recruitment and selection purposes. The Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act protect it.

First Name		Middle Name	Last Name
Mailing Address:	Box # or Street	City or town	State and postal code
Physical Address:	Box # or Street	City or town	State and postal code
Home phone number:	Mobile phone number:	Email:	
(     )	(     )		

### Education:

(List of schools attended, courses taken, certificates and/or licenses held, diplomas, dates, etc.):

School	Address	Dates Attended	Diploma/Degree

Why do you want to work for Charles City County Public Schools?

How did you hear about this position? *Check all that apply*

- Website  
 Chronicle  
 Indeed  
 Flyer/Poster  
 Friend  
 Other: Please specify - \_\_\_\_\_

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## Eligibility and Background Verification

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed an application here? If yes, give date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed here? If yes, give date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid Virginia driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license from any other state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any professional or occupational licenses? Please list:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you certified to operate any machines or equipment? <i>Explain</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, within the previous two (2) years been convicted of a moving traffic violation involving the operation of a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, within the previous ten (10) years been convicted of driving under the influence of alcohol or drug substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you within the previous ten (10) years been assigned to an alcohol or drug rehabilitation program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony? <i>(If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country? <i>(If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor)? <i>(If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)? <i>(If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license; or had any other adverse action taken against such a license? <i>(If yes, please attach a statement giving full details and official documentation of the action taken.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency? <i>(If yes, please attach a statement giving full details and official documentation of the founded complaint.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever left any education- or school-related employment, voluntarily or involuntarily, while the subject of an investigation, inquiry, or review of alleged misconduct or when you had reason to believe an investigation of alleged misconduct was under way or imminent? <i>(If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To your knowledge, are you currently the subject of any investigation, inquiry, or review of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate? <i>(If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete all sections of the application. Incomplete applications will not be screened.



**Employment Experience:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, age, national origin, handicap or other protected status.

Employer	Dates Employed From-To
Address – Street, City, State and Zip Code	
Supervisor	Telephone Number(s):
<b>May we contact your supervisor/employer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title	Reason for Leaving
Description of Work Performed	

Employer	Dates Employed From-To
Address – Street, City, State and Zip Code	
Supervisor	Telephone Number(s):
<b>May we contact your supervisor/employer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title	Reason for Leaving
Description of Work Performed	

Employer	Dates Employed From-To
Address – Street, City, State and Zip Code	
Supervisor	Telephone Number(s):
<b>May we contact your supervisor/employer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title	Reason for Leaving

Description of Work: If you need additional space, please continue below or on another sheet of paper.

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### PERSONAL REFERENCES

List individuals who can speak to your work ethic, character, and skills. Do not list relatives and one of your references should be from your current supervisor

Name	Address	Telephone Number	Email Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____



### APPLICANT'S CERTIFICATION AND AGREEMENT

*(Please read the information carefully and ask for assistance if required before signing.)*

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered later.

I authorize Charles City County Public Schools to make any investigation of my past and present work, character, education, financial and credit records, military and police records through any appropriate investigative or credit agencies or bureaus. I understand that my offer of employment is conditioned upon the results of the investigation.

I agree that the final step in the application process may be the administering of certain tests, including medical, clerical, technical or other tests that will determine my eligibility for the position(s) for which I apply.

I agree, if employed, to abide by all policies and procedures set forth by Charles City County Public Schools that will affect my continued employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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