



CHARLES CITY COUNTY PUBLIC SCHOOLS

10035 Courthouse Road Charles City, Virginia 23030

804-652-4649 Human Resources | 804-829-2363 Fax

APPLICATION FOR SUPPORT 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) 652-4652. Office hours are 8:30 a.m. to 4:30 p.m., Monday thru Friday.

First Name	Middle Name	Last Name

POSITION(S) APPLYING FOR: Applications are only accepted for current available positions

- | | | |
|--|--|--|
| <input type="checkbox"/> Instructional Assistant | <input type="checkbox"/> Food Service | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Cafeteria Monitor | <input type="checkbox"/> Instructional Volunteer |
| <input type="checkbox"/> Secretary/Clerical | <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Operational Volunteer |
| <input type="checkbox"/> Buildings & Grounds | <input type="checkbox"/> Bus Aide/Monitor | <input type="checkbox"/> Athletic Volunteer |

Other: _____

Substitute:

- Food Service
- Cafeteria Monitor
- Bus Aide/Monitor
- Bus Driver

Effective January 1, 1995 applicants considered for employment as a bus driver must submit to testing for alcohol and controlled substances which is in compliance with the Omnibus Transportation Employee Testing Act of 1991 (Public Law 102-143, Title V) and the Amendments. Such testing shall include pre-employment/pre-duty, post-accident, random, reasonable suspicion, and return to duty/follow-up testing.



Substitute teachers may apply through Source4Teachers <https://www.source4teachers.com/>

AVAILABILITY FOR EMPLOYMENT:

- | | |
|---|---|
| <input type="checkbox"/> Full Time (Year Round) | <input type="checkbox"/> Full Time (School Term Only) |
| <input type="checkbox"/> Part Time (Year Round) | <input type="checkbox"/> Part Time (School Term Only) |

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:	
()	()		

EDUCATIONAL BACKGROUND				
School or Institution Location		Dates Attended	Major & Minor	Diploma, Degrees or Credits Earned
High School				
College/University				
College/University				
College/University				
Graduate School				
Graduate School				
Graduate School				

Please list activities that you are qualified to supervise or coach.

Please summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. Military service) and/or state any additional information you feel may be helpful in considering your application, i.e., honors, awards, activities, technology skills or professional development activities:

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 Flier/Poster
 Friend Other: Please specify - _____

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

First Name	Middle Name	Last Name



ELIGIBILITY AND BACKGROUND VERIFICATION

Answer each of the following questions

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 before? If yes, give date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed here before? 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

or certificate? (If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)			
First Name	Middle Name	Last Name	

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):
May we contact your supervisor/employer?	<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):
May we contact your supervisor/employer?	<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):
May we contact your supervisor/employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title	Reason for Leaving
Description of Work Performed	

If you need additional space, please continue below or on another sheet of paper

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



PERSONAL REFERENCES

List individuals who can speak to your work ethic, character, and skills. Please do not include **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: _____

When could you begin? _____

Current Salary: _____

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ANTI-DISCRIMINATION NOTICE

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's term and conditions of employment, because of an individual's race, color, religion, sex, National origin, disability or veteran status.

This section is used for EEOC statistical purposes only to assure equal employment opportunity. CCPS invites you to voluntarily self-identify. This information will be used according to the provisions of applicable federal laws, executive orders and regulations, including those requiring the information to be summarized and reported to the federal government for civil rights enforcement purposes. Completing this questionnaire is optional; if you do not provide this information it will not subject the applicant to any adverse treatment.

Today's Date Month Day Year

Date of Birth Month Day Year

Gender Male Female

Ethnicity Hispanic Non-Hispanic

Race Black Asian or Pacific Islander
 White American Indian or Alaskan Native

Disability Yes No

Veteran Yes No

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