

WISE COUNTY SCHOOLS APPLICATION FOR EMPLOYMENT

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 _____ Work _____ E-mail _____

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 sources deemed appropriate in the sole discretion of the school division. I waive my right of access to any such information, and with 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 illustrative 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 other State Department of Social Service 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 unconditionally 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. I acknowledge that these questions shall be continuing in nature, and I have duty to update, change or further amplify my answers to guarantee accuracy at all times. I understand that any omission, misleading or falsely answered statement made or implied by me on this application, or any supplement to it, whether written or oral, will be sufficient grounds for failure to employ or for my immediate discharge should I become employed with the school division. In the event the School Board determines, in its sole discretion, the existence of a material adverse report or omission as to any information, I agree that the employment offer/appointment will be deemed revoked immediately without further action, notice, or process. In conclusion, I acknowledge that if accepted for employment, I hereby agree to abide by the policies, regulations, and directives of the School Division.

Date _____ Signature of Applicant _____

Indicate Position(s) for Which You Are Applying: _____ **Position Location:** _____

Are you currently employed? Yes No Where? _____

EDUCATION

- a. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
- b. Name and location of last elementary or high school attended: _____
- c. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- d. Circle number of years of post high school education: 1 2 3 4 5 6 7

Name/location of Institution	Hrs.	Degree	Major or Specialty	Minor

e. If you expect to complete your educational program in the near future, please indicate what type of degree and when you expect to receive the degree: _____

EXPERIENCE

Employer	City/County	State	Kind of Work	Dates of Employment	Reason for Leaving

PERSONAL DATA

Are you legally authorized to work in the United States? Yes No If no, which visa do you hold? _____

Are you able to perform the duties of the job for which you are applying? Yes No

Have you ever been convicted of any crime other than a minor traffic violation? Yes No

(If yes, please give details on a separate attached page.)

Have you ever been discharged or requested to resign from a former position? Yes No

(If yes, please give details on a separate attached page.)

Are you a former employee of Wise County Public Schools? Yes No

To avoid conflict of interest, list any local School Board member or employed relative(s) in the School Division and cite relationship: _____

If a former employee, include the name under which employed, title of the position, and the reason for leaving: _____

MILITARY

Branch of Service	Active Duty Dates From/To	Rank at Discharge	Date of Discharge

REFERENCES

Name of Reference	Position/Relationship	Mailing Address	Phone Number

RETURN TO: Principal of school in which you are applying; or
Wise County Public Schools
P. O. Box 1217
Wise, VA 24293
 (276)328-8017 (276)328-3350 (Fax)



The School Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, disabling condition, or gender in its educational program 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.

****THE WISE COUNTY SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER****