



NORTON CITY SCHOOLS

P.O. Box 498
Norton, Virginia 24273

22 Tenth Street, N.W. • 276-679-2330 or 276-679-4586 • Fax 276-679-4315

CLASSIFIED APPLICATION

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ___/___/___

_____ DATE AVAILABLE FOR WORK ___/___/___

Type of employment desired: _____ Full-Time _____ Part-Time _____ Temporary

NAME _____

ADDRESS _____

TELEPHONE (_____) _____ SOCIAL SECURITY NUMBER _____ -- ____ --

If you are under age 18, can you furnish a work permit? _____

Are you legally eligible for employment in this country? _____
(Proof of U.S. citizenship or immigration status will be required upon employment)

Driver's license number (If required for job) _____ State _____

Have you been employed in a school system before? _____ If yes, please explain: _____

What kind of experiences have you had working with children and young adults? _____

Have you been convicted of a violation of the law other than a minor traffic conviction? _____ If yes, please explain: _____

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? _____ If yes, please explain: _____

Are there any criminal charges or proceedings pending against you? _____ If yes, please explain: _____

EMPLOYMENT HISTORY List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND SUPERVISOR'S TITLE		Summarize the nature of work performed and job Responsibilities.	
REASON(S) FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ Per _____ Final \$ _____ Per _____	

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND SUPERVISOR'S TITLE		Summarize the nature of work performed and job Responsibilities.	
REASON(S) FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ Per _____ Final \$ _____ Per _____	

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND SUPERVISOR'S TITLE		Summarize the nature of work performed and job Responsibilities.	
REASON(S) FOR LEAVING		HOURLY RATE/SALARY	
		Start \$	Per Final \$ Per

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND SUPERVISOR'S TITLE		Summarize the nature of work performed and job Responsibilities.	
REASON(S) FOR LEAVING		HOURLY RATE/SALARY	
		Start \$	Per Final \$ Per

SKILLS AND QUALIFICATIONS

Summarize any special skills and qualifications that you may have acquired from employment or other experiences that may qualify you for work with our school system. _____

EDUCATIONAL ABCKGROUND:

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
High School				
College		Major	Degree	
Other Training				
Other Training				

REFERENCES:

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

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 information as to 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 of either data on all criminal convictions or certification that no data on criminal convictions is maintained, information from the Virginia or other State Department of Social Services 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 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, false 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.

Signature of Applicant _____ Date ____/____/____

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