

**JOINT BOARD OF CONTROL
JACKSON RIVER TECHNICAL CENTER
105 East Country Club Lane
Covington, Virginia 24426
540-862-1308**

Office Use
Date Received _____
Interview Date _____

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: _____ Permanent: _____ Work: _____

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 Joint Board 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 education institutions, personal 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 are 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 for grounds for failure to employ or for my discharge should I become employed with the school division.

Date _____ **Signature of applicant** _____

Are you US Citizen?
Yes ___ No ___

LIST BELOW POSITION FOR WHICH YOU ARE APPLYING:

If not, are you eligible to work in the US?
Yes ___ No ___

I. Educational And Professional Training (List chronologically.)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance
High School						
College or University						
Trade or Technical School						
Other Formal Training						

II. Student Teaching Experience (List chronologically and include any internships.)

Name of School	School Division City/County	State	Grade Level and/or Subject	Dates	Personnel Use

III. Teaching Experience (List chronologically all teaching experiences. DO NOT INCLUDE SUBSTITUTE TEACHING.)

Name of School	School Division City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates Mo/Day/Yr. From – To	Total Years	Full Time X	Part Time X	Personnel Use

IV. Work Experience Other Than Teaching (List chronologically and attach a sheet if necessary.)

Employer	City/County	State	Kind of Work	Dates of Employment	Personnel Use

V. Military Experience

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

VI. Certification

A. If you have been issued a Virginia certificate, **please submit a photocopy**. Copy Enclosed? No ___ Yes ___
Type of VA Certificate: Provisional ___ Collegiate Professional ___ PG Professional ___ Pupil Personnel ___ VIE ___
Year of Expiration of Virginia Certificate ___ Endorsement(s) _____

Have you applied for a Virginia certificate? No ___ Yes ___ When _____ Check if statement of eligibility enclosed ___

B. If you have been issued a certificate in another state, **please submit a photocopy**. Copy Enclosed? No ___ Yes ___
State _____ Expiration Date _____ Certification/Endorsements _____
State _____ Expiration Date _____ Certification/Endorsements _____

C. Have you taken the National Teacher's Examination? (If yes, please submit a copy of your scores.)

Core Battery: No ___ Yes ___ _____ Copy Enclosed? No ___ Yes ___
Month /Year CS GK PK

Specialty Area: No ___ Yes ___ _____ Copy Enclosed? No ___ Yes ___
Month/Year Subject Score

VII. General Information

Month, Day and Year Available for employment _____ Are you under contract? No ___ Yes ___

If yes, where? _____ Present Position _____

If presently employed, why do you wish to change? _____

If under contract, what type: Annual/Probationary ___ Other ___ (explain) _____ Continuing/Tenure ___

If under contract, have you checked and can you be released if you are offered another position? Yes ___ No ___

If not under contract now, have you ever held a continuing contract in Virginia? No ___ Yes ___

If yes, city school division(s) and date(s) _____

Referral source: Advertisement/Posting ___ Employee ___ Friend ___ Other (Explain) _____

Have you ever been refused tenure or a continuing contract? (If yes, explain on back.) No ___ Yes ___

Have you ever been discharged or requested to resign from a position? (If yes, explain on back.) No ___ Yes ___

Have you ever been convicted of a violation of law other than a minor traffic violation? (If yes, explain on back.) No ___ Yes ___

Have you ever had a certificate or license revoked or suspended? (If yes, explain on back.) No ___ Yes ___

Are any criminal charges or proceedings pending against you? (If yes, explain on back) No ___ Yes ___

Have you been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape of a child? (If yes, explain on back.) No ___ Yes ___

VIII. References

It is the **applicant's responsibility** to have the following information provided to the School Division in order to be considered for employment:

- A. The names of at least three reference sources must be provided. The names of their current employer (if employed) or most recent employer (if currently unemployed) must be provided.
- B. Unless included in Placement File, applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and cooperating teacher(s) in the placement file or by listing names below.

- C. As indicated above, a Placement File is being sent _____, and/or references are listed below:

Name Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			

IX. Other Information

To avoid conflict of interest, list any Joint Board of Control member or employee relative(s) at the Center and cite relationship.

Additional remarks and/or explanations from section VII General Information.

Please provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest.

The Joint Board of Control does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex 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.

The Joint Board Of Control Is An Equal Opportunity Employer