

**Please read the instructions
on Page 4 before beginning.**

Application for Employment for Classified Positions

Name _____ Date _____
Last Middle First Maiden
Mailing Address _____
P.O. Box Street City/Town VA Zip
Telephone # _____ Social Security # _____ Are you over 18 years old? ☐ Yes ☐ No
Cell Phone # _____ Email Address: _____

Position Desired: Please check **no more than two**. Place a 1 beside your first choice and a 2 beside your second choice.

Health Services:

- ☐ Registered Nurse
☐ LPN

Food Services:

- ☐ Cafeteria Manager
☐ Cafeteria Worker

Custodial:

- ☐ Custodian

PALS Program:

- ☐ PALS Tutor

Transportation:

- ☐ Bus Driver
☐ Bus Aide
☐ Mechanic

**AN ASSOCIATE'S DEGREE OR THE EQUIVALENT
IS REQUIRED FOR THESE POSITIONS:**

***Please submit a copy of your transcripts, diploma
or ParaPro scores with your application.***

**YOUR APPLICATION WILL NOT BE
CONSIDERED, IF NOT INCULDED**

Clerical:

- ☐ Secretary
☐ Bookkeeper/Secretary
☐ Receptionist

Maintenance:

- ☐ Trades Helper
☐ HVAC Technician
☐ Carpenter
☐ Electrician
☐ Plumber
☐ Grounds Keeper

Paraprofessional:

Instructional Assistant

- ☐ PreK-Grade 5
☐ Computer Lab
☐ English as a Second Language
☐ Library
☐ Special Education
☐ Educational Interpreter
☐ ISS Monitor

Technology

- ☐ Computer Repair
Technician
☐ Network Administrator

Other:

Education: Indicate highest level of formal education completed.

High School: ☐ Graduate ☐ GED
2-Year College: ☐ Associates Degree ☐ Attended, but did not graduate Number of credit hrs. earned _____
4-Year College: ☐ Bachelor's Degree ☐ Attended, but did not graduate Number of credit hrs. earned _____
Major area of study _____ Minor _____
Related Courses (optional) _____

Indicate trade schools attended, certificates obtained, and skills learned: _____

Do you have a current Virginia driver's license? ☐ Yes ☐ No Class: _____
 Have you ever received worker's compensation? ☐ Yes ☐ No If yes, explain: _____

Have you ever been convicted of an offense against the law or forfeited collateral, or are you under charges for an offense against the law, or were you ever convicted by general court martial while in the military service? ☐ Yes ☐ No
 If yes, explain for each offense on a separate sheet and attach to this form. (Omit: (1) minor traffic violations and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law).
 To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite the relationship.

Have you ever worked for Accomack County Public Schools? ☐ Yes ☐ No If yes, when: _____
 Where? _____ What position? _____ Supervisor? _____

Experience: *Tell us why you feel qualified for the position(s) you are seeking.*

May we contact your present employer? ☐ Yes ☐ No If yes, please initial _____

Former Employers: *List below employers you've had in the past 5 years. (Not more than 3.) Give **COMPLETE** address.*

Month & Year	Name & Address of Employer (include zip)	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

List two (2) personal references who have known you for at least one (1) year. (No relatives):

Name	Mailing Address	Phone

I hereby authorize Accomack County Public Schools to obtain a criminal history report from appropriate authority. I further authorize Accomack County Schools to obtain from my present and past employers all data needed to support this application. I understand and agree that this data shall be confidential and will not be made available to me. I hereby certify that the foregoing statements are to the best of my knowledge true and correct and I agree that any misstatements or omissions as to any significant fact(s) will constitute grounds for disqualification or dismissal from the employ of Accomack County Public Schools.

I will submit the results of a chest x-ray or tuberculin test within 30 days of employment and thereafter as required, and will take a physical examination as a condition for employment or continued employment as required.

Applicant's Signature _____ Date _____

Authorization to Release Personal Information

Your references will be checked and no final action will be taken on your application until all of your references have replied to our questionnaire. In order for us to check your references, it is essential that you sign and date each of the attached "Authorization to Release Personal Information" coupons.

No application will be processed if all of the authorization coupons have not been signed and dated by the applicant and returned with the application form.

Authorization to Release Personal Information

Having made application for employment with Accomack County Public Schools, I hereby authorize the release of requested information directly to Accomack County Public Schools. I release and hold harmless present and past employers, references, and all persons and institutions whomsoever from any charge because of furnishing said information, and I waive any application of the Family Education Rights and Privacy Act insofar as the same might apply to responding to this request for information.

Signature_____

Date_____

Authorization to Release Personal Information

Having made application for employment with Accomack County Public Schools, I hereby authorize the release of requested information directly to Accomack County Public Schools. I release and hold harmless present and past employers, references, and all persons and institutions whomsoever from any charge because of furnishing said information, and I waive any application of the Family Education Rights and Privacy Act insofar as the same might apply to responding to this request for information.

Signature_____

Date_____

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Signature_____

Date_____

Instructions

Your application and credentials ***will remain in our active file for one year.*** If at that time you have not been employed or we have not heard from you, your application will be removed from our files. Future interest in employment by the Accomack County Public Schools will necessitate that you reapply and submit the necessary credentials.

We receive many more applications for employment than there are positions available. Therefore, it is in your best interest to give us an accurate and complete application. Please consider these recommendations:

1. Use ink and print, or type your application. Neatness counts.
2. Carefully consider your qualifications, skills and experience.
3. Apply for the one or two positions (on page 1) which you have determined best match your qualifications. Put a 1 by your first choice; a 2 by your second choice, if any.
4. Complete the application in full. Give complete addresses, including zip codes, for all references. Be sure to sign it.
5. Sign and date each "Authorization to Release Personal Information" form. There are three.

Without these, we will be unable to process your application.

6. When completed, please review your application for accuracy and content. Does it tell us what you want us to know about you?

Return to:

Accomack County Public Schools
Human Resources Department
P.O. Box 330
Accomac, VA 23301