

Classified Application for Employment

King George County Public Schools
P.O. Box 1239
9100 St. Anthony's Road
King George, VA 22485
(540) 775-5833

Name: _____

King George County Schools is an equal opportunity employer. Therefore, discrimination in employment against anyone on the basis of race, color, religion, national origin, political affiliation, gender, age, marital status, veteran status, or disability is prohibited.

Answer all questions, please print.

Position(s): Applied for: _____ Date of Application: _____

Name: _____
Last First Middle

(h): _____
Phone No: (c): _____ E-Mail Address: _____

Address: _____
Street City State Zip

Are you a citizen of the United State? Yes No

If not, do you possess an Alien Registration Card? Yes No

Are you age 18 or older? Yes No

Have you been employed with us before? Yes No Date(s): _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "layoff" status and subject to recall? Yes No

Are you available to work: Full-time Part-time On Shifts Temporary

Do any of your friends or relative work here? Yes No

If yes, list name(s): _____

Have you been charged with a crime? Yes No

If yes, describe in full, including date(s): _____

Have you ever been charged with any offense involving the sexual molestation, physical abuse, sexual abuse, or rape of a child? Yes No

If yes, describe in full, including date(s): _____

Position: _____

Date: _____

Employment Experience

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

1	Employer:	Dates		Work/Duties Performed
		From	To	
	Address:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				
2	Employer:	Dates		Work/Duties Performed
		From	To	
	Address:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				
3	Employer:	Dates		Work/Duties Performed
		From	To	
	Address:			
	Job Title:	Hourly Rate/Salary		
		From	To	
	Supervisor:			
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications: (Summarize special job-related skills and qualifications acquired from employment or other experience.)

Education:

	High School/ GED	Undergraduate College/University	Graduate/ Professional
School Name & Location:			
Years Completed:	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:			
<u>Describe Course of Study:</u>			
Describe specialized training, apprenticeship skills, and extra-curricular activities:			
List any honors you have received:			
State any additional information you feel may be helpful in considering your application:			

List professional and trade organizations you are a member of including business, civic activities and offices held.

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

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, educational institutions, child abuse or neglect investigations/records, 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. (Exception: If I am denied employment because of information obtained from a criminal records check, I shall be provided with a copy of the information obtained from the Central Criminal Records Exchange upon request.)

Furthermore, I certify that I have made true, correct and complete answers and statements on the application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, falsely answered statements 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 by the school division.

Signature of Applicant: _____ **Date:** _____

