

Southampton County Public Schools

Courtland, Virginia 23837

Application For Professional Employment



NAME

(Last)

(First)

(Middle)

(Maiden)

SECTION I

Today's Date: _____ Social Security No.: _____

Date Available: _____ U.S. Citizen: Yes _____ No _____

NAME (Last) (First) (Middle) (Maiden)

PRESENT ADDRESS (Street) (City) (State) (Zip)

PERMANENT ADDRESS (Street) (City) (State) (Zip)

TELEPHONE NO. (Home) (Work) (Cell) (E-mail Address)

SECTION II - POSITION DESIRED

POSITION: Teacher Administrator Substitute Teacher

GRADE LEVEL: Elementary (K-5) Middle (6-8) High (9-12)

SUBJECT AREA PREFERENCE: _____

SPECIAL EDUCATION: ED LD MR Preschool Handicapped _____

OTHER: Psychologist Visiting Teacher _____

SECTION III - CERTIFICATION

Do you hold a Virginia Teacher's License? _____ Date of Expiration: _____

Type of Licensure: _____

Endorsements: _____

If not, have you made application for a Virginia Teacher's License? Yes _____ No _____

Are you presently on continuing contract status? _____ If yes, where? _____

Do you hold an out-of-state certificate? _____ What state? _____

Date of Expiration: _____ Endorsements: _____

Southampton County School Board does not discriminate on the basis of race, color, sex, age, religion, disability, national origin or marital status in employment or any of its programs or activities.

The Compliance Officer for Southampton County Public Schools for the above statutes is The Director of Administrative Services, P.O. Box 96, 21308 Plank Road, Courtland, VA 23837, (757) 653-2692.

SECTION IV – EDUCATIONAL AND PROFESSIONAL PREPARATION*

	Name and Address of School	Dates of Attendance	Major	Year of Graduation & Degree
HIGH SCHOOL				
COLLEGE*				
GRADUATE*				

*Please have forwarded to this office an official transcript from all institutions of higher education attended.

SECTION V – STUDENT TEACHING

Name and Address of School	Grades or Subject Taught	Dates	Name of Cooperating Teacher

VCLA Total Score (if available): _____ PRAXIS II Test: Specialty Area _____ Score _____

VRA Total Score (if available): _____ Other Tests and Scores _____

SECTION VI – TEACHING EXPERIENCE

List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.

Inclusive Dates From To	Total No. Years	Full Day	Half Day	Name of School	Name & Address of Supervisor	Grade or Subjects Taught

SECTION VII – EXPERIENCE OTHER THAN TEACHING (Including Military Service)

Inclusive Dates From To	Kind of Work	Name & Address of Employer

SECTION VIII – REFERENCES

Give three references, INCLUDING superintendents, supervisors, principals, and college department heads, under whom you have taught, who have firsthand knowledge of your character, personality, scholarship and teaching ability. Beginning teachers NOT REGISTERED with a placement office should include as reference student teaching supervisor, critic teacher, and two college references. Please indicate (*) below those from whom you are requesting references.

NAME	POSITION	COMPLETE CURRENT MAILING ADDRESS	PHONE NUMBER

My current Placement File has been requested from _____
and will be forwarded to the Southampton County School System. (College/University)

SECTION IX – SCHOOL ACTIVITIES AND OTHER INTERESTS

List any school activities, which you are interested in coaching or directing.

Give experience in area(s) listed above:

SECTION X – PERSONAL DATA

YES NO

1. Have you ever been convicted of any crime other than a minor traffic violation?
2. Have you been discharged or requested to resign from a former position?
3. Have you ever been refused renewal of a teaching contract?
4. Are you currently under contract with another school division?
5. Have you ever been convicted of any offense involving sexual molestation, physical or sexual abuse or rape of a child?

NOTE: If the answer to any of the questions 1 through 5 is yes, give specific details:

Reason for leaving last employment:

SECTION XI – APPLICATION STATEMENT

Please state below any additional information that you feel may further explain or add to your application.

(PLEASE READ CAREFULLY)

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that this application does not constitute a contract for employment. Election of all employees and determination of salary level are subject to receipt of confirming credentials for Southampton County Public School personnel files. I understand that if employed, falsified statements on this application or any supplement thereto shall be considered sufficient cause for dismissal. I recognize that future or continued employment is contingent upon the completion of a satisfactory background investigation. You are hereby authorized to make any investigation and contact my present employer. I hereby waive the right to access confidential statements made in recommendations used solely for employment.

I understand and agree that by signing and submitting this application, I certify

- i) that I have not been convicted of a felony or any offense involving sexual molestation, physical or sexual abuse, or rape of a child, and
- ii) that I have _____ have not _____ been convicted of a crime of moral turpitude (check one). If you checked that you have been convicted of a crime of moral turpitude, list below the offense of which you were convicted and the date and court of conviction.

I further understand that if I make a materially false statement regarding any of the above offenses, I will be guilty of a Class 1 misdemeanor. I understand and agree that I am under duty to report to the Southampton County Public Schools any conviction for any offense other than a minor traffic violation that occurs after I sign this application. I understand and agree that, in addition to any other penalty provided by law, a materially false statement on this application or failure to report a subsequent conviction as required by this application will be cause for my immediate dismissal from employment.

DATE: _____ **SIGNATURE OF APPLICANT** _____

NOTE: Application packet will remain on file for one year from date of receipt unless you request its reactivation in writing. Any change of address, telephone number, etc., should be included in the request.

FOR OFFICE USE ONLY

Contract Salary:	Approved:	Card Made:
Contact Status:	Date:	Ack'd:
Supplement:	Assignment:	Transcript(s):
Length of Contract:		References:
		Placement File: