

**Giles County Public Schools
151 School Road
Pearisburg, VA 24134
(540) 921-1421 phone
(540) 921-1424 fax**

INFORMATION FOR FOOD SERVICE APPLICANTS

Employment references should be persons familiar with your training, experience, and ability to perform the job for which you have applied (must not be related to you).

Reference forms should be submitted to two people whom you name as references in your official application. Where applicable, be sure to print the person's name at the top of the reference form; note the title of the position for which you are applying; and sign your name in only one of the spaces provided relative to waiver. In the blank labeled "Applicant," print your name. Forward a reference form as soon as possible, with a return envelope, to each person and request that he/she complete and return it promptly to the School Board Office.

If you are offered employment, requirements for pre-employment screenings will be discussed. It is also the employee's responsibility to pay for criminal records checks.

Any questions concerning applications or employment procedures should be directed to the School Board Office (921-1421 x 17).

Please return your completed application to:

Giles County Public Schools
ATTN: Food Service Supervisor
151 School Road
Pearisburg VA 24134

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410; (2) fax (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.



Giles County Public Schools
151 School Road
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(540) 921-1421



FOOD SERVICE APPLICATION FOR EMPLOYMENT

The Giles County Public School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator (Assistant Superintendent, Curriculum)
151 School Road
Pearisburg VA 24134
(540) 921-1421 x 16

Section 504 Coordinator (Director of Special Education)
151 School Road
Pearisburg VA 24134
(540) 921-1421 x 21

SOCIAL SECURITY #

DATE

TELEPHONE

NAME: _____

STREET: _____ CITY/STATE: _____ ZIP: _____

OTHER WORK FOR WHICH YOU ARE QUALIFIED: _____

DO YOU HAVE ANY RELATIVES NOW EMPLOYED BY THE GILES COUNTY SCHOOL BOARD? YES NO

IF SO, NAME OF RELATIVE: _____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)? YES NO WOULD YOU BE WILLING TO OBTAIN ONE? YES NO

EDUCATION:

SCHOOL

ADDRESS

YEAR OF GRADUATION

LIST PREVIOUS WORK EXPERIENCE RELATED TO POSITION APPLYING FOR:

EMPLOYER

ADDRESS

POSITION

CHARACTER REFERENCES (THESE MUST BE PERSONS NOT RELATED TO YOU)

NAME

ADDRESS

PHONE

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AUTHORIZATION FOR RELEASE OF INFORMATION

School Board policy requires verification of an applicant's criminal history record prior to offering employment.

Conviction of a crime, in and of itself, shall not be a bar to employment by the Board. Where a conviction is related to suitability of the individual to perform duties, such a person may be denied employment or terminated.

I, _____, hereby authorize the Superintendent of Schools to obtain criminal history information concerning me. I further authorize the Giles County Sheriff's Office to release to the Superintendent of Schools, or his designee, any criminal history record information obtained from the Central Criminal Records Exchange.

DATE _____ APPLICANT'S NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

RETURN THIS SIGNED FORM WITH THE COMPLETED APPLICATION OF EMPLOYMENT FORM TO THE SCHOOL WHICH YOU ARE APPLYING TO



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DISCLOSURE STATEMENT

The following statement is required of all public school employees
as a condition of employment by the Code of Virginia,
Section 22.1-296.1.

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
the sexual molestation, physical or sexual abuse or rape of a child

and

(ii) that I have ____ OR have not ____ been convicted of a
crime of moral turpitude.

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.

DATE

APPLICANT'S SIGNATURE



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**FOOD SERVICE APPLICATION
REFERENCE FORM
TO BE COMPLETED BY**

NAME OF REFERENCE

THIS IS A REQUEST FOR REFERENCE TO SUPPORT MY APPLICATION FOR THE POSITION(S) OF _____
IN THE GILES COUNTY SCHOOL SYSTEM. PLEASE COMPLETE AND FORWARD THIS FORM AS SOON AS POSSIBLE TO THE SCHOOL.

I WAIVE MY RIGHTS TO SEE MY REFERENCE AND, THEREFORE, RECOGNIZE THAT IT SHALL
REMAIN CONFIDENTIAL. (1974 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT--RIGHT TO ACCESS)

SIGNATURE OF APPLICANT

I DO NOT WAIVE MY RIGHTS OF CONFIDENTIALITY AND, THEREFORE, WILL HAVE ACCESS TO MY
REFERENCE. (1974 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT--RIGHT TO ACCESS)

SIGNATURE OF APPLICANT

NAME OF APPLICANT (PLEASE PRINT)

FOOD SERVICE APPLICATION
 REFERENCE FORM, PAGE 2

	OUTSTAN- DING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN OR NOT APPLICABLE
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					
J.					
K.					
L.					
M.					
N.					
O.					

- A. BY VIRTUE OF TRAINING AND/OR JOB EXPERIENCE, HAS THE ABILITY TO PERFORM THE JOB(S) FOR WHICH APPLYING
- B. HAS THE ABILITY TO LEARN QUICKLY AND THOROUGHLY NEW SKILLS AND TECHNIQUES WHICH MAY BE REQUIRED BY THE JOB
- C. IS FAMILIAR WITH OPERATION AND CARE OF STANDARD EQUIPMENT USED IN THIS JOB FIELD
- D. INTERACTS WELL WITH ALL ETHNIC GROUPS REGARDLESS OF THEIR CULTURAL, INTELLECTUAL, OR ACADEMIC BACKGROUND
- E. WORKS COOPERATIVELY WITH COLLEAGUES IN ACHIEVING COMMON GOALS
- F. IS ABLE TO COMMUNICATE EFFECTIVELY AND TACTFULLY WITH COLLEAGUES, SUPERIORS, AND SUBORDINATES
- G. IS PUNCTUAL
- H. IS SELF-CONFIDENT ABOUT ABILITY TO PERFORM THE JOB APPLIED FOR
- I. HAS THE STAMINA TO DO THE JOB APPLIED FOR
- J. HAS THE ABILITY TO MAKE DECISIONS AND CARRY OUT RESPONSIBILITIES
- K. IS ABLE TO COPE WITH DEMANDS OF THE JOB
- L. IS OPEN-MINDED TOWARD CHANGE
- M. IS SELF-RELIANT
- N. HAS INITIATIVE
- O. IS INTERESTED IN SELF-IMPROVEMENT

NAME OF APPLICANT

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT?

FURTHER COMMENTS ABOUT THE APPLICANT'S ABILITY TO PERFORM THE JOB APPLIED FOR:

SIGNATURE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE: _____

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NAME OF APPLICANT _____

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SIGNATURE: _____

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DATE: _____