

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

INFORMATION FOR APPLICANTS

Employment references should be persons familiar with your training, experience, and ability to perform the job for which you have applied.

Reference forms should be submitted to the two or three persons (whichever your application requires) 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. *County reference forms should be completed regardless of sending placement file or additional credentials.*

If you are offered employment, you must have a chest x-ray or skin test. You will be responsible for making your own arrangements. Also, we shall need at that time a copy of your social security card and driver's license. All CDL holders are required to comply with federal/state regulations regarding drug/alcohol testing.

New full-time employees are automatically eligible for such fringe benefits as sick leave, retirement, group life insurance, and vacation as prescribed by School Board policy. Employees may participate in a hospitalization program in Giles County.

For additional employment opportunities, please call (540) 921-1421 extension 5, or visit our web site at <http://sbo.gilesk12.org>.

Any questions concerning applications or employment procedures should be directed to the Superintendent's Office at the address listed above.

Please return your completed application to the School Board Office.



Giles County Public Schools
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**NON-PROFESSIONAL
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 and provides equal access to the Boy Scouts and other designated youth groups. 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

For further information on notice of non-discrimination, visit <http://wdcrobcop01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

SOCIAL SECURITY #

DATE

TELEPHONE

NAME: _____

STREET: _____ CITY/STATE: _____ ZIP: _____

CHECK THE POSITION(S) FOR WHICH YOU ARE APPLYING:

SCHOOL BUS DRIVER COACHING

OTHER WORK FOR WHICH YOU ARE QUALIFIED: _____

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

DO YOU CURRENTLY HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)? 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

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.

EMPLOYER ()	TELEPHONE	DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
JOB TITLE		HOURLY RATE SALARY STARTING FINAL		
SUPERVISOR				
REASON FOR LEAVING				

EMPLOYER ()	TELEPHONE	DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
JOB TITLE		HOURLY RATE SALARY STARTING FINAL		
SUPERVISOR				
REASON FOR LEAVING				

EMPLOYER ()	TELEPHONE	DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
JOB TITLE		HOURLY RATE SALARY STARTING FINAL		
SUPERVISOR				
REASON FOR LEAVING				

IF YOU NEED ADDITIONAL SPACE, PLEASE USE A SEPARATE SHEET OF PAPER.

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

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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

and

(iii) that I have not been the subject of a founded case of child abuse and neglect.

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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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:

APPLICATIONS
GILES COUNTY PUBLIC SCHOOLS
151 SCHOOL ROAD
PEARISBURG, VA 24134



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



NON-PROFESSIONAL/PARAPROFESSIONAL
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:

APPLICATIONS OFFICE
GILES COUNTY PUBLIC SCHOOLS
151 SCHOOL ROAD
PEARISBURG, VA 24134

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
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SIGNATURE OF APPLICANT

NAME OF APPLICANT (PLEASE PRINT)

NAME OF APPLICANT				
OUTSTAN- DING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN OR NOT APPLICABLE
<u>OCCUPATIONAL COMPETENCE</u>				
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			
(FOR CLERICAL APPLICANTS ONLY)				
D.	DEMONSTRATES AN ACCEPTABLE COMMAND OF THE ENGLISH LANGUAGE ACCORDING TO STANDARD USAGE			
E.	TYPES WITH ACCEPTABLE SPEED AND ACCURACY			
<u>HUMAN RELATIONS SKILLS</u>				
A.	INTERACTS WELL WITH ALL ETHNIC GROUPS REGARDLESS OF THEIR CULTURAL, INTELLECTUAL, OR ACADEMIC BACKGROUND			
B.	WORKS COOPERATIVELY WITH COLLEAGUES IN ACHIEVING COMMON GOALS			
C.	IS ABLE TO COMMUNICATE EFFECTIVELY AND TACTFULLY WITH COLLEAGUES, SUPERIORS, AND SUBORDINATES			
<u>PERSONAL CHARACTERISTICS RELATED TO JOB PERFORMANCE</u>				
A.	IS PUNCTUAL			
B.	IS SELF-CONFIDENT ABOUT ABILITY TO PERFORM THE JOB APPLIED FOR			
C.	HAS THE STAMINA TO DO THE JOB APPLIED FOR			
D.	HAS THE ABILITY TO MAKE DECISIONS AND CARRY OUT RESPONSIBILITIES			
E.	IS ABLE TO COPE WITH DEMANDS OF THE JOB			
F.	IS OPEN-MINDED TOWARD CHANGE			
G.	IS SELF-RELIANT			
H.	HAS INITIATIVE			
I.	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: _____

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NAME OF APPLICANT (PLEASE PRINT)

PARAPROFESSIONAL/NON-PROFESSIONAL
REFERENCE FORM, PAGE 2

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