



# LUNENBURG COUNTY PUBLIC SCHOOLS

P.O. Box 710  
Kenbridge, VA 23944

## APPLICATION FOR PROFESSIONAL EMPLOYMENT

### PERSONAL INFORMATION

Date of Application: \_\_\_\_\_ Date of Availability: \_\_\_\_\_

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_

Last                                      First                                      Middle

Address: \_\_\_\_\_

Street                                      City                                      State                                      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### POSITION INFORMATION (Check all positions for which you are applying and are qualified)

<input type="checkbox"/> Kindergarten/Pre-K <input type="checkbox"/> Elementary, 1-5 <input type="checkbox"/> Middle School, 6-8 <input type="checkbox"/> Secondary, 9-12 (List Subject) _____ <input type="checkbox"/> Technology Resource Teacher <input type="checkbox"/> Other Administrative Position (List) _____	<input type="checkbox"/> Special Education (circle endorsements) mild/moderate/severe disabilities early childhood (ECSE) <input type="checkbox"/> Vocational Education (List Subject) _____ <input type="checkbox"/> Occupational Therapist _____	<input type="checkbox"/> ESL <input type="checkbox"/> Nurse LPN <input type="checkbox"/> Nurse RN <input type="checkbox"/> Library/Media Specialist <input type="checkbox"/> Guidance Counselor (List Level) _____ <input type="checkbox"/> Physical Therapist _____	<input type="checkbox"/> Psychologist <input type="checkbox"/> Principal <input type="checkbox"/> Assistant Principal <input type="checkbox"/> Supervisor <input type="checkbox"/> Social Worker <input type="checkbox"/> Speech/Language Pathologist _____
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List extracurricular activities you may be interested in sponsoring or coaching: \_\_\_\_\_

### EDUCATIONAL BACKGROUND (Please provide Official Transcripts)

School Name	Location/Address	From	To	Graduation Date	Degree/Diploma	Major	Minor

Undergraduate GPA: (Overall) \_\_\_\_\_ (Major) \_\_\_\_\_ Graduate GPA: (Overall) \_\_\_\_\_

Student Teaching Experience: List Location(s) and Grade Level(s)/Subject(s) \_\_\_\_\_

Academic Grade(s): \_\_\_\_\_ Names of Supervisor and Cooperating Teacher(s): \_\_\_\_\_

**SPECIFY ACTIVITIES, AWARDS, HONORS, ORGANIZATIONS, PUBLICATIONS, ETC.**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Community and Professional: \_\_\_\_\_

Name and Location of High School from which You Graduated: \_\_\_\_\_

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**LICENSURE INFORMATION (Enclose a copy of license/certificate)**

Type of License or Certificate	Endorsement Areas	Issue Date	Expiration	State

**TEACHING/WORK EXPERIENCE (List, in order, ALL work and teaching experience)**

From/To Month/Year	Name and Address of School or Employer	Principal/Supervisor	Principal's Telephone No.	Final Salary	Grade/Subject or Kind of Work	Accredited	
						Yes	No

**REFERENCES (List two people not on TEACHING/WORK EXPERIENCE section)**

If there are any employers you do not want us to contact, please attach a statement of whom and why they should not be contacted.

Reference (No Relatives)	Address	Phone No. (Daytime)

	Yes	No
1. Have you ever been discharged or refused contract renewal?		
2. Have you ever been requested to resign from a former position?		
3. Have you ever been convicted of a felony, a crime of moral turpitude, or any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?		
4. Have you ever entered a plea of guilty or nolo contendere to the charge of a felony, a misdemeanor involving moral turpitude, the physical or sexual abuse or neglect of a child, sexual assault, use or possession of drugs, or obscenity and related offenses?		
5. Has a Social Services Department, Child Protective Service Unit, or any other governmental agency ever investigated a charge of child abuse or neglect against you and determined such charges to be "founded," "probably founded," "reason to suspect," or similar findings?		

(If you answered YES to any of the five previous questions, attach a statement of explanation.)

Are you currently under contract? (If YES, attach a statement giving reasons for seeking a change in employment and the conditions for release from your current		
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contract.)		
Are you legally authorized to work in the United States?		

In case of emergency, notify (optional): Name and Address: \_\_\_\_\_

Relationship and Daytime Phone No.: \_\_\_\_\_

List special training or skills (technology/computer applications, foreign languages, sign language, etc.): \_\_\_\_\_

List special interests or hobbies: \_\_\_\_\_

The making of a materially false statement on this application shall constitute sufficient grounds to reject the application. If such materially false statement is discovered after employment commences, such statement may constitute just cause for disciplinary action, including immediate termination of any employment.

Do you have any reasons that would interfere with your ability to successfully perform the job for which you have applied? (If YES, please explain.): \_\_\_\_\_




**APPLICANT'S STATEMENT**

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by a state or local or federal agency. I further authorize those persons, agencies, or entities that the Lunenburg County Public Schools contacts in connection with my employment application to fully provide the Lunenburg County Public Schools with all information it requests. I hereby release the Lunenburg County Public Schools, its members, employees, and agents from any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Lunenburg County Public Schools, its agents, officials, or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee which may include Board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

I certify that I have read this form in its entirety and that the information herein provided is true, accurate, and complete. I understand that, should any statement I have made prove to be false or misleading, it may result in the rejection of my application or in my discharge if I am employed. If employed, I also understand that any misstatement or omission of fact on this application may result in my discharge. I further understand and agree that acceptance of this application on my part does not constitute an employment agreement and that an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***APPLICATION WILL NOT BE CONSIDERED UNLESS SIGNED BY APPLICANT.***

LUNENBURG COUNTY PUBLIC SCHOOLS

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Lunenburg County Public Schools has my consent to investigate my background as it relates to my application for employment. Please provide your candid appraisal of my effectiveness as an educator by completing the information below. Thank you for your cooperation.

I authorize the release of this information to Lunenburg County Public Schools.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please check)	Superior	Above Average	Average	Below Average	Poor
<b>PERSONAL QUALITIES</b>					
Character					
Personal Appearance					
Health					
Voice					
Tact					
Self-Control					
Enthusiasm					
Loyalty and Cooperation					
Promptness and Thoroughness					
<b>PROFESSIONAL SKILLS</b>					
Teaching Techniques					
Classroom Management					
Understanding of Children					
Content Knowledge					
Professional Attitude					
Lesson Design and Planning					

Have you observed the candidate in a working environment? \_\_\_\_\_

If YES, please describe applicant's position and duties.

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Do you know anything that would cause the candidate to be unfit for employment? \_\_\_\_\_ If YES, please explain.

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If you were personally responsible, would you recommend the employment of this applicant? \_\_\_\_\_

**Dates of Service:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Subject/Grade Level: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Subject/Grade Level: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

You may use the back of this page for further comments. Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_