

Wythe County Public Schools

1570 West Reservoir Street

Wytheville, VA 24382

(276) 228-5411 ♦ Fax (276) 228-9192 ♦ Web Site wythe.k12.va.us

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Last NameFirst NameMiddle NameApplication Date

TEACHING POSITION DESIRED For Elementary, list first, second, and third choice.
For Upper Elementary or High School (list subjects in order of preference.)

Elementary	Upper Elementary (6-7)	High School
Early (Pre-K to K) _____	1. _____	1. _____
Primary (1 – 3) _____	2. _____	2. _____
Intermediate (4 – 5) _____	3. _____	3. _____
Special Education (Sp. Ed.) _____	Sp. Ed. _____	Sp. Ed. _____
Vocational Education (subject) _____		

Other Positions (Administration, Counseling, Social Worker, School Psychologist, etc.)

Date available for a position _____ New Applicant _____ Former Applicant _____

Present Address:

Street _____ City _____ State _____ Zip Code _____
 Telephone Number (include area code) (Home) _____ (Work) _____ (Other) _____

Permanent Address:

(If Different) Street _____ City _____ State _____ Zip Code _____

Telephone Number:

(Including area code) (Home) _____ (Work) _____ (Other) _____

LICENSURE: (Enclose a Copy of License/Certificate)

Type of License or Certificate	Endorsement Area (s)	Issue Date	Expiration	State

N.T.E./Praxis RESULTS: Reading _____ Writing _____ Mathematics _____

Specialty Area Test _____ Score _____ Date Praxis Series Taken _____
 (N.T.E./Praxis scores are required of those seeking initial certification. Please send copies of score reports.)

EDUCATIONAL PREPARATION:

High School:	_____	_____	_____
	<i>Name of School</i>	<i>City</i>	<i>State</i>
Undergraduate:	_____	_____	_____
	<i>Name of College/University</i>	<i>City</i>	<i>State</i>
Graduate School:	_____	_____	_____
	<i>Name of College/University</i>	<i>City</i>	<i>State</i>
Circle one to indicate your present (highest) degree status:			
BA/BS	MA/MS	M+ 30/Ed.S.	Ed.D/Ph.D.

College transcripts are pertinent to the consideration of this application and must be filed with the Personnel Office.

STUDENT TEACHING:

Practice Teaching completed where? _____ When _____

What grade(s) or Subject(s) _____

Name of Cooperating teacher(s) or supervisor(s) _____

Address _____ Telephone Number _____

TEACHING/WORK EXPERIENCE: (List in order **ALL** work and teaching experience. Account for **EVERY** year from high school graduation to present.) *Please **asterisk** experience less than full years and less than full time. Attach extra sheets if necessary.

From/to Month/year	Name & Address of School or Employer	Principal/Supervisor	Principal's Telephone #	Final Salary	Grade/Subject Or Kind of Work	Accredited School	Yes or No

Teaching/Work Experience (continued from page 2)

From/to Month/year	Name & Address of School or Employer	Principal/Supervisor	Principal's Telephone #	Final Salary	Grade/Subject Or Kind of Work	Accredited School Yes or No

Total Years of Contracted teaching service _____

ACTIVE MILITARY SERVICE:

Branch: _____ Rank: _____ Dates: _____

Honorably Discharged: Yes _____ No _____

AWARDS, ACTIVITIES, AND SPECIAL INTERESTS:

College activities and honors _____

Organizations to which you belong _____

Community activities in which you have participated (youth work, service clubs, etc.) _____

Travel Experience: _____

Extra Curricular Activities you can coach or direct _____

REFERENCES: If placement office credentials are available, please ask your college/university to mail them to Wythe County School's Department of Personnel. **Please request references to forward recommendations to this office.** Unless otherwise directed in writing, we reserve the right to initiate contact with all individuals providing references.

Name	Address	Telephone	Official Position

SHORT ANSWER QUESTIONS: Using a computer, please answer the following questions and attach your responses to the application. Reflect on your answers and give us your candid responses.

1. Why do you want to become an employee of Wythe County Schools?

2. What do you consider to be your major strengths?

PERSONAL INFORMATION:

Social Security Number _____

Yes No

___ ___

Have you ever been discharged or refused a contract renewal?

___ ___

Have you ever been requested to resign from a former position?

___ ___

Have you ever been convicted of a felony, a crime, moral turpitude, or any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?

___ ___

Have you ever entered a plea of guilty of *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 of possession of drugs, or obscenity?

___ ___

Has a Social Services Department, Child Protective Service Unit, or any other government agency ever had "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? Yes _____ No _____

(If yes, attach a statement giving reasons for seeking a change in employment and the conditions for release from your current contract.)

Are you a citizen of the United States? Yes _____ No _____

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, such a statement may cause for disciplinary action, including immediate termination of any employment.

APPLICANT'S STATEMENT

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction records checks, and release of investigator information possessed by any state local or federal agency. I further those persons, agencies, or entities that the Wythe County Public Schools contacted in connection with my employment application to fully provide the Wythe County Schools with all information it requests; I hereby release the Wythe County Schools, its members, employees and agents from any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference of contractual relations that I might have against the Wythe County Schools, its agents officials, or against any provider of such information. (I understand that any 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 that I have made prove to be false or misleading, it may result in the reflection 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 of this application on my part does not constitute and 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

This application is incomplete and will not be considered unless signed by applicant.

APPLICATION DATA RECORD

The Wythe County School System does not discriminate on the basis of race, color, national origin, sex, disability, gender or age in its programs and activities. The Wythe County School Board has designated Mr. Richard Thomas, Director of Personnel, 1570 W. Reservoir Street, Wytheville, Virginia 24382, 276 228-5411 as the Compliance Officer responsible for identifying, preventing and remedying prohibited discrimination. Complaints of discrimination may also be made to the Alternate Compliance Officer, Dr. Melinda Hoge, Director of Special Education, 1570 W. Reservoir Street, Wytheville, Virginia 24382, 276 228-5411. *This notice is available in large print, on audio tape, and in Braille if needed.*

Solely to help the school system with government reporting, record keeping, and other legal requirements please fill out the data record. The school system appreciates your cooperation.

This data is for periodic government reporting and will be kept separate from the Application for Employment.

Date _____

Position (s) Applied for: _____

Referral Source:

- Advertisement
- College/University
- College/University
- Relative
- Friend
- Walk-in
- Other

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, and disability status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one - **Sex:**

- Male
- Female

Age:

- Below 20
- 20-34
- 35-49
- 50-64
- 65 and over

Check one of the following: **Race Ethnic/Group:**

- White
- Black
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander

Check if Applicable:

- Disabled American