

Charlotte County Public Schools

Post Office Box 790

Charlotte Court House, VA 23923

Phone: (434) 542-5151 FAX: (434) 542-4261



TO: All Applicants

FROM: Personnel Department
Charlotte County Public Schools

Please read the application carefully and complete all items on the form.

Due to the number of applications received for each position, only a selected number of the applicants will be interviewed for the advertised positions. If you are selected, you will be contacted by the personnel office to establish a time for the interview.

Interviewed applicants will be contacted of the final decision following official action by the Charlotte County School Board.

Thank you.

AN EQUAL OPPORTUNITY EMPLOYER

I. Application for Classified Position

- Secretarial Paraprofessional/Teacher's Aide
 Food Service/Cafeteria Maintenance/Transportation
 Other: _____

II. Personal Data:

Name: _____

Social Security No.: _____ - _____ - _____ Phone No.: _____

Mailing Address: _____

Are you able to perform the essential functions of the position(s) for which you applied with or without reasonable accommodations? Yes No

Are you a U.S. citizen? Yes No

If no, do you have INS documentation? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain. _____

Have you ever been convicted of any offense involving the sexual molestation, physical, or sexual abuse, or rape of a child? Yes No

If yes, please explain. _____

III. Education

	Name of Institution	Grade Level Completed	Dates of Attendance	Diploma, Degree, GED, Certificate
Elementary School				
High School				
College				
Other				

IV. Current & Previous Employment

Name of Employer: _____

Address of Employer: _____

Dates of Employment: _____ to _____

Job Assignment: _____

Reason for Leaving: _____

Name of Employer: _____

Address of Employer: _____

Dates of Employment: _____ to _____

Job Assignment: _____

Reason for Leaving: _____

Name of Employer: _____

Address of Employer: _____

Dates of Employment: _____ to _____

Job Assignment: _____

Reason for Leaving: _____

V. References (not related to you)

Name	Position	Address	Telephone No.

IV. Special Training or Experience

List any special training or experience which may qualify you for the position. If additional space is needed please use the back of this form.

To the best of my knowledge, the above information is true and correct. I understand that any false statements will invalidate my application. Furthermore, I give permission for the personnel department to contact my employers and/or references to obtain information relative to my job performance.

Applicant's Signature

Date

Reference/Information Release

I hereby authorize the Charlotte County Public Schools to contact any schools, former or current places of employment, law enforcement agencies, and/or people who may aid the school system in determining my suitability for employment or in completing the personnel records of the school system.

Additionally, I release those contacted agencies or individuals from any liability for issuing the requested information.

Applicant's Signature

Date