



**GLOUCESTER COUNTY PUBLIC SCHOOLS
OFFICE OF HUMAN RESOURCES**

• 6489 Main Street, Building Two • Gloucester, Virginia 23061 •
• Phone: (804) 693-5300 • Fax: (804) 693-7886 • Web Site: <http://gets.gc.k12.va.us> •

Instructions for Professional Applicants

Thank you for your interest in employment opportunities with Gloucester County Public Schools!

Please submit all of the following documentation (listed below by number) with your application packet, based upon the position(s) you are applying for:

- **Teachers:** Items 1, 2, 3, 4, 5, 6, 7, 8, 9
- **Administrators:** Items 1, 2, 3, 4, 5, 6, 7, 8, 9
- **Other Professional Staff:** Items 1, 2, 3, 4, 5, 6, 7, 8, 9

Application Packet Items:

1. Gloucester County Public Schools Application for Employment
2. Resume
3. Three (3) Reference Forms or Letters of Reference
4. Equal Employment Opportunity Commission Statistical Information Form
5. Declaration of Authorized Work Status Form
6. Transcripts (College or University)
7. License or Statement of Eligibility regarding the date you will become certified
8. Application Statement
9. Cover Letter / Letter of Interest

All of our Teacher and School Administrator vacancies require that you be certified or eligible for certification as a Teacher or School Administrator in the Commonwealth of Virginia.

Please be sure all documents accompany your application – incomplete applications may not be considered. Reference forms (or letters of reference) may be mailed or faxed directly to the Office of Human Resources. It is your responsibility to see that these forms are distributed and returned to our office.

Please make sure you sign all documents (including your application) where indicated.

The Office of Human Resources will keep your application in an active file for one (1) year. During this time, it will not be necessary for you to fill out a new application for each position that you are interested in applying for; however, it will be your responsibility to notify the Office of Human Resources (in writing) of any changes and/or additions to your application packet. Additionally, please contact the Office of Human Resources and request that your application is pulled and considered for any vacant position you are interested in during this one-year period.

Vacancy announcements are posted in all Gloucester County Public Schools and on our website: <http://gets.gc.k12.va.us>. Most of our job vacancies are also advertised in the Daily Press and the Gloucester-Mathews Gazette-Journal newspapers; however, it is not always necessary for us to advertise when we have a large selection of qualified applicants on file from which to choose.

It is the policy of the Gloucester County Public Schools that all individuals have a criminal and Virginia Department of Social Services background inquiry and completed TB test prior to being employed. Applicants will be contacted (by the Office of Human Resources or another appropriate Gloucester County Public Schools representative) about completing these requirements.

Our Commitment to Equal Employment Opportunities

Gloucester County Public Schools does not discriminate on the basis of race, color, national origin, gender, creed, marital status, age or disability in its educational programs, activities, or employment practices as required by the Title VI, Title VII, Title IX, Section 504 and ADA regulations.

The Office of Human Resources
 6489 Main Street / Building Two
 Gloucester, VA 23061
 Office: (804) 693-5300 or (804) 693-2802
 Fax: (804) 693-7886
<http://gets.gc.k12.va.us/humanresources>



Personnel Use Only	
<input type="checkbox"/> Student Teaching	<input type="checkbox"/> Praxis I
<input type="checkbox"/> Placement File	<input type="checkbox"/> Praxis II
<input type="checkbox"/> References	<input type="checkbox"/> Praxis III
<input type="checkbox"/> Transcripts	<input type="checkbox"/> License

Gloucester County Public Schools

Professional Application for Employment

The Gloucester County School Board is an Equal Opportunity Employer

Applicant's Full Name: _____
(Last) (First) (M.I.) (Maiden Name)

Other Name(s): _____
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address: _____
(Street) (City) (State) (Zip Code)

Permanent Mailing Address: _____
(Street) (City) (State) (Zip Code)

Telephone Numbers: _____
(Present) (Permanent) (Cell) (Work)

Social Security Number: _____
(Insert Social Security Number here)
(Note: Completion of Social Security number is optional. Failure to submit your Social Security number on this form will not prohibit employment consideration. Your Social Security number may be required on other forms prior to employment).

My signature below authorizes Gloucester County Public Schools to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources.

I waive my right of access to any such information, and without limitation hereby release Gloucester County Public Schools and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: Information from the Central Criminal Records Exchange, information from the Virginia or other State Department of Social Services' Child Protective Services, and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered statement made by me on this application or any supplement to the application will be sufficient grounds for failure to employ or for my discharge should I become employed with Gloucester County Public Schools.

Date: _____ Signature of Applicant: _____

MARK THE APPROPRIATE BOXES:	INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED:	
<input type="checkbox"/> New application	<input type="checkbox"/> Teacher	<input type="checkbox"/> Administrator
<input type="checkbox"/> Previous application on file	<input type="checkbox"/> Guidance	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Former employee of Gloucester County Public Schools	<input type="checkbox"/> Library / Media	<input type="checkbox"/> Psychologist
Are you a U.S. citizen?	<input type="checkbox"/> Visiting Teacher / Social Worker	<input type="checkbox"/> Specialist
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
If not, are you eligible to work in the U.S.?	List grade level(s) and/or subject area(s) in order of preference:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

FOR PERSONNEL USE ONLY			
Assignment: _____	Department: _____		
Starting date: _____	Location / Site: _____		
Years of experience for which credit was given: _____	Supervisor: _____		
Date data entered into database: _____	Salary: _____	Grade: _____	Step: _____

Gloucester County Public Schools Professional Application for Employment – Page 2

I. EDUCATIONAL AND PROFESSIONAL TRAINING (Please list chronologically.)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance (From ... To)
High School						
College or University						
College or University						
College or University						
College or University						
Other						

II. STUDENT TEACHING EXPERIENCE (Please list chronologically and include any internships.)

Name of School	Name of School Division / District	State	Grade Level(s) and/or Subject(s)	Dates of Service (From ... To)	Comments

III. TEACHING EXPERIENCE (Please list all teaching experience chronologically. DO NOT INCLUDE SUBSTITUTE TEACHING EXPERIENCE.)

Name of School	Name of School Division / District	State	Position(s) Held / Grade(s) and/or Subject(s) Taught	Dates of Service (From ... To)	Total Years	Part-Time	Full-Time	Personnel Use
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Total								

IV. WORK EXPERIENCE OTHER THAN TEACHING EXPERIENCE (Please list chronologically. Use the extra space provided on page four, or attach one or more additional sheets if necessary.)

Name of Employer	Address	City, State Zip Code	Supervisor's Name	His/Her Title	Dates of Employment (From ... To)
Salary	Duties and Responsibilities			Reason for Leaving	

Name of Employer	Address	City, State Zip Code	Supervisor's Name	His/Her Title	Dates of Employment (From ... To)
Salary	Duties and Responsibilities			Reason for Leaving	

Name of Employer	Address	City, State Zip Code	Supervisor's Name	His/Her Title	Dates of Employment (From ... To)
Salary	Duties and Responsibilities			Reason for Leaving	

V. MILITARY EXPERIENCE (Please list chronologically.)

Branch or Service	Occupational Specialist (MOS)	Duties and Responsibilities	His/Her Title	Dates of Service (From ... To)
Type of Discharge				

Gloucester County Public Schools Professional Application for Employment – Page 3

VI. LICENSURE (Please use the extra space provided on page four, or attach additional sheets if necessary.)

A.	If you have been issued a Virginia license, please submit a photocopy.....Copy enclosed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
	Type of Virginia License: <input type="checkbox"/> Provisional <input type="checkbox"/> Collegiate Professional <input type="checkbox"/> Postgraduate Professional <input type="checkbox"/> Technical					
	Year of Expiration of Virginia license:		Endorsement(s):			
	Have you applied for a Virginia license? No <input type="checkbox"/> Yes <input type="checkbox"/>		When?		Check if statement of eligibility enclosed <input type="checkbox"/>	
B.	If you have been issued a license in another state, please submit a photocopy.....Copy enclosed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
	State:	Expiration Date:	Certifications/Endorsements:			
	State:	Expiration Date:	Certifications/Endorsements:			
C.	Have you taken the Praxis Assessment for Teachers? (If yes, please submit a copy of your scores and indicate type - paper or computer test format.)					
	Core Battery/PPST:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Month:	Year:	Copy enclosed?.....No <input type="checkbox"/> Yes <input type="checkbox"/>	
	Communication Skills/Math:		General Knowledge/Reading:		Professional Knowledge/Writing:	
	Specialty Area:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Month:	Year:	Copy enclosed?.....No <input type="checkbox"/> Yes <input type="checkbox"/>	

VII. GENERAL INFORMATION (Please use the extra space provided on page four, or attach additional sheets if necessary.)

Month, day, and year available for employment:	Are you under contract?.....	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, where?.....		
If presently employed, why do you wish to change?		
If under contract, what type:	Annual/Probationary <input type="checkbox"/> Continuing/Tenure <input type="checkbox"/> Other <input type="checkbox"/> (explain):	
If under contract, have you checked and can you be released if you are offered another position?.....		No <input type="checkbox"/> Yes <input type="checkbox"/>
If <u>not</u> under contract, have you ever held a continuing contract?.....		No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, cite school division(s) and date(s):		
Have you ever been refused a continuing contract/tenure? (If yes, attach explanation).....		No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you ever been discharged, advised or requested to resign from a position? (If yes, attach explanation).....		No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you ever been the subject of consideration, recommendation, or action for nonrenewal of contract of employment?.....		No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you ever been convicted (as guilty or not innocent) of a violation of law other than a minor traffic violation?.....		No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you ever had any certificate, permit, or license revoked or suspended? (If yes, attach explanation).....		No <input type="checkbox"/> Yes <input type="checkbox"/>
Are any criminal or non-civil charges or proceedings pending against you? (If yes, attach explanation).....		No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been convicted (as guilty or not innocent, or a determination of abuse or neglect <u>founded</u> against you) of any offense involving moral turpitude, the sexual molestation, physical or sexual abuse or rape of a child, or any like offense against an adult? (If yes, explain on back).....		No <input type="checkbox"/> Yes <input type="checkbox"/>

VIII. REFERENCES

It is the applicant's responsibility to have the following information provided to Gloucester County Public Schools in order to be considered for employment. (Please note that references may be contacted upon receipt of the application whether or not an opening exists.)

A.	The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.
B.	Unless included in Placement File, applicant with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience. Applicants who are beginning teachers registered with a college placement office must include references from their student teacher supervisor(s) and co-operating teacher(s) in the placement file or by listing names below.
C.	As indicated above. <input type="checkbox"/> A placement file is being sent AND/OR <input type="checkbox"/> references are listed on the next page:

Gloucester County Public Schools Professional Application for Employment – Page 4

VIII. REFERENCES (Continued – please attach additional sheets if necessary.)

Name of Reference	Position / Relationship	Mailing Address	Phone Number

IX. EXTRACURRICULAR ACTIVITIES (Please indicate the number of years experience for the activities listed below. Check the box in “contract experience” if you are willing to coach/sponsor this activity.)

Extracurricular Activity	Extracurricular Activity Level / Type of Experience			<input type="checkbox"/>	Extracurricular Activity	Extracurricular Activity Level / Type of Experience			<input type="checkbox"/>
	High School	College	Contract			High School	College	Contract	
Football				<input type="checkbox"/>	Crew Team				<input type="checkbox"/>
Basketball				<input type="checkbox"/>	Swim Team				<input type="checkbox"/>
Baseball				<input type="checkbox"/>	Rugby Club				<input type="checkbox"/>
Softball				<input type="checkbox"/>	U.N. Team				<input type="checkbox"/>
Track				<input type="checkbox"/>	Forensics				<input type="checkbox"/>
Cross Country				<input type="checkbox"/>	Debate Team				<input type="checkbox"/>
Wrestling				<input type="checkbox"/>	Drama Club				<input type="checkbox"/>
Gymnastics				<input type="checkbox"/>	Yearbook				<input type="checkbox"/>
Field Hockey				<input type="checkbox"/>	Newspaper				<input type="checkbox"/>
Golf				<input type="checkbox"/>	S.C.A.				<input type="checkbox"/>
Tennis				<input type="checkbox"/>	Honor Society				<input type="checkbox"/>
Volleyball				<input type="checkbox"/>	Beta Club				<input type="checkbox"/>
Soccer				<input type="checkbox"/>	Cheerleading				<input type="checkbox"/>
Other:				<input type="checkbox"/>	Other:				<input type="checkbox"/>

X. OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite relationship(s):

--

How did you learn of this employment opportunity (please check all of the appropriate boxes) ? **Internet** **GCPS Web Site**
Newspaper **Radio** **Television** **College Placement Office** **Employment Agency** **Friend** **Job Fair**

In your own handwriting, provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest; please attach sheets if needed.

ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM ANY SECTION ABOVE (please feel free to attach additional sheets if necessary)

Gloucester County Public Schools is an Equal Opportunity Employer. We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, gender, age, disability, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will not be used for any discriminatory purpose.



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Equal Employment Opportunity Commission's Statistical Information Form

Gloucester County Public Schools is an equal opportunity employer. In our attempt to comply with federal regulations, we need to obtain certain information from each applicant. The information provided is privileged and will be used for statistical purposes only.

You can be assured that the information requested will not be used to evaluate credentials for employment. When returned to our office, the receiving person will file this form separately from your application.

POSITION(S) applying for: _____

NAME: _____ **DATE:** _____

ADDRESS: _____
Street City and State Zip Code

PHONE: _____ **BIRTHDATE:** _____ **GENDER:** Male Female

RACE/ETHNIC GROUP: American Indian/Alaskan Native Hispanic
 Asian/Pacific Islander White
 Black

ARE YOU DISABLED? Yes No

We invite you to identify your disability and specify any reasonable accommodations you may need to perform the essential functions of the position for which you are applying :

If applicable:
College from which most recent degree was received: _____

Location: _____

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Declaration of Authorized Work Status

**Gloucester County Public Schools only hires U.S. citizens
and lawfully authorized alien workers**

I hereby certify, attest, and affirm, under penalty of perjury, that I am either an U.S. citizen or a foreign citizen who is authorized to be employed in the United States. I understand and agree that if selected for employment, I must complete Form I-9 (entitled Employment Eligibility Verification) and provide documentation verifying my identity and employment eligibility status prior to the date of hire as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant

Social Security Number

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Application Statement

NAME: _____ DATE: _____

1. Cite several innovations in your field that interest you and tell why.

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Application Statement – Continued

2. What are some of the things in your professional career (or student teaching) you feel you have done particularly well, or in which you have achieved the greatest success?

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Reference Form for Professional Applicants

DIRECTIONS TO THE APPLICANT: Please **forward** this form to an individual who is familiar with your work performance and request that it be **returned** to this office as soon as possible. A professor, teacher, or co-worker may complete this form if your employer is not available. **Sign** the waiver which gives this individual permission to complete the form. **Fill in** the blank concerning the type of position for which you are applying.

I have applied for a position as Administrator/Teacher of _____
with the Gloucester County Public School System and have given your name as a reference or have stated that I was employed with your organization. Please complete the form below and return it to the Office of Human Resources, Gloucester County Public Schools, 6489 Main Street / Building Two, Gloucester, VA 23061, as soon as possible.

Waiver: I hereby give permission for you to fill out this questionnaire concerning my qualifications in regard to a position with the Gloucester County Public School System.

Printed Name of Applicant

Applicant's Signature

Date

My relationship to this person was in the capacity of: Superintendent Principal Assistant Principal
 Other School Administrator Fellow Teacher Other (specify): _____

1. General statement of educational background, including academic and professional preparation.

2. Success in working with pupils, including the ability to establish an atmosphere for learning, teaching effectiveness, and ability to discipline.

3. General Statement concerning human relations, especially the ability to work with administrators, supervisors, other teachers, students, and parents.

4. Professional interest as shown by voluntary participation in faculty meetings, extra duty assignments, professional organizations, and professional studies or readings.

5. General statement concerning character.

General Overall Rating (please check one)

- Outstanding Good Satisfactory Poor Unsatisfactory

If formerly employed by you, would you reemploy this individual? Yes No

Reference
(Printed Name): _____
Job Title: _____
Phone: _____
Fax: _____
Email: _____

Reference
(Signature): _____
Company Name: _____
Street Address: _____
City, State _____
Zip Code: _____



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General Overall Rating (please check one)

- Outstanding Good Satisfactory Poor Unsatisfactory

If formerly employed by you, would you reemploy this individual? Yes No

Reference
(Printed Name): _____
Job Title: _____
Phone: _____
Fax: _____
Email: _____

Reference
(Signature): _____
Company Name: _____
Street Address: _____
City, State _____
Zip Code: _____



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Reference
(Printed Name): _____
Job Title: _____
Phone: _____
Fax: _____
Email: _____

Reference
(Signature): _____
Company Name: _____
Street Address: _____
City, State _____
Zip Code: _____