



**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 Support Staff 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:

- **Transportation Workers (i.e., Bus Drivers, Bus Assistants):** Items 1, 2, 3, 4, 5
- **Cafeteria Workers:** Items 1, 2, 3, 4
- **Custodial Workers:** Items 1, 2, 3, 4
- **Paraprofessionals (including Instructional and Technology positions):** Items 1, 2, 3, 4, 6
- **Administrative Assistants / Clerical Positions:** Items 1, 2, 3, 4, 6
- **Other Support Staff Applicants:** Items 1, 2, 3, 4, 6

Application Packet Items:

1. Gloucester County Public Schools Application for Employment
2. Three (3) Reference Forms or Letters of Reference
3. Equal Employment Opportunity Commission Statistical Information Form
4. Declaration of Authorized Work Status Form
5. Copy of your DMV Record (for Bus Drivers only)
6. Cover letter / Letter of Interest

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. Transportation applicants (e.g., bus drivers) must also successfully complete a physical examination and a drug/alcohol urinalysis test administered through the Transportation Department. 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.

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 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

Resume Cover Letter
 Reference Forms Fingerprinting
 TB Tine Test Transcripts
 Background Checks License

Gloucester County Public Schools

Classified/Support 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: _____

Your completed application form will be maintained in our active files for twelve (12) months from the date of application. You may submit a new application at any time. Please sign, date, and note for which position you are applying on each of the three (3) reference forms enclosed in this application. It is your responsibility to have these forms completed and returned to the Personnel Department. When completed, please review your application for accuracy and content.

MARK THE APPROPRIATE BOXES: <input type="checkbox"/> New application <input type="checkbox"/> Previous application on file <input type="checkbox"/> Former employee of Gloucester County Public Schools Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE APPLYING: <input type="checkbox"/> Bus Driver / Bus Assistant <input type="checkbox"/> Transportation Mechanic <input type="checkbox"/> Cafeteria Worker <input type="checkbox"/> Grounds <input type="checkbox"/> Custodian <input type="checkbox"/> Technology / Technology Assistant <input type="checkbox"/> Paraprofessional / Teacher Assistant <input type="checkbox"/> Clerical / Administrative Assistant <input type="checkbox"/> Library Media Assistant <input type="checkbox"/> Finance / Budget / Payroll <input type="checkbox"/> Maintenance <input type="checkbox"/> Engineering <input type="checkbox"/> Facilities <input type="checkbox"/> Supervisor / Manager <input type="checkbox"/> Other <input type="checkbox"/> Other	
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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: _____

I. EDUCATION AND 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						
Technical						
Technical						
Trade						
Trade						
Other						
Other						

II. SPECIAL SKILLS (Please list chronologically. Use the extra space provided on page four, or attach one or more additional sheets if necessary.)

A. TO BE COMPLETED BY APPLICANT FOR ALL OFFICE / SCHOOL / CLERICAL / TECHNICAL / SUPERVISORY WORK					
Facsimile (Fax) Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photocopier Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document Scanner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Computer (PC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laptop Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laser Printer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Office Equipment		Other Office Machinery		Other Computer Component	
Word Processing Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Database Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presentation Software	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spreadsheet Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet Search Software	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAD / Drawing Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget Software	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Software		Other Software		Other Software	

B. TO BE COMPLETED BY APPLICANT FOR ALL CUSTODIAL WORK					
Dust Mop	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wet Mop / Mop Bucket	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacuum Cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carpet Shampooer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electric Floor Equip.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Propane Floor Equip.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please List Specific Types of Floor Care Equipment					
Please List Specific Types of Custodial Supplies / Chemicals					

C. TO BE COMPLETED BY APPLICANT FOR ALL FOOD SERVICE WORK					
Commercial Mixer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Stove/Oven	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convection Oven	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deep Fat Fryer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Kitchen Equipment	
Please List Specific Types of Commercial Kitchen Equipment					

D. TO BE COMPLETED BY APPLICANT FOR ALL MAINTENANCE / ENGINEERING / GROUNDS WORK					
Chainsaw	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blower	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Lawnmower	<input type="checkbox"/> Yes <input type="checkbox"/> No
String Trimmer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hand Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No	OPE (Outdoor Power Equipment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other		Other	
Please List Specific Types of Hand / Carpentry Equipment / Tools					
Please List Specific Types of OPE (Outdoor Power Equipment)					
Please List Specific Types of Other Equipment / Machinery					

III. WORK 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)
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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	

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wage or Salary Desired \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year
Date Available: _____	

IV. 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				

V. GENERAL INFORMATION (Please answer all questions. Use the extra space provided on page four, or attach one or more additional sheets if necessary.)

Were you previously employed by Gloucester County Public Schools ? (If yes, please attach explanation).....	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Do you have any relative(s) currently employed by our school division? (If yes, please list below).....	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Name	Relationship	Name	Relationship
Have you ever been convicted of any crimes other than minor traffic violations? (If yes, please attach a full explanation).....			No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? (If yes, please attach a full explanation).....			No <input type="checkbox"/> Yes <input type="checkbox"/>
Would you be willing to work a shift other than the day shift?.....			No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you ever been discharged, requested to resign from a former position, or refused renewal of an employment contract? (If yes, please attach a full explanation)			No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you currently in the active U.S. military reserves?.....			No <input type="checkbox"/> Yes <input type="checkbox"/>

VI. 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.)

Name of Reference	Position / Relationship	Mailing Address	Phone Number

VII. TRANSPORTATION APPLICANTS ONLY (Please attach one or more additional sheets if necessary.)

During the past five years, have you been convicted of driving under the influence of intoxicating liquors or drugs, or assigned to any alcohol safety action program or rehabilitation program? (If yes, please attach a full explanation).....	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been convicted of two or more moving traffic violations during the past year? (If yes, please attach a full explanation).....	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been required to attend a driver improvement clinic by the Commissioner of the Department of Motor Vehicles during the past year? (If yes, please attach a full explanation).....	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has your vehicle operator’s license been revoked or suspended in this or any other state? (If yes, please attach a full explanation)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you meet the minimum age requirement (21) set forth by the Gloucester County School Board?.....	No <input type="checkbox"/> Yes <input type="checkbox"/>
Can you drive a straight shift (manual transmission)?.....	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you agree to drive any bus or route assigned?.....	No <input type="checkbox"/> Yes <input type="checkbox"/>
If employed, will you be available on an on-call basis and respond to work at 6:00 a.m.?.....	No <input type="checkbox"/> Yes <input type="checkbox"/>

ANY APPLICANT APPLYING FOR A POSITION REQUIRING A COMMERCIAL DRIVERS LICENSE WILL BE SUBJECT TO FEDERAL REGULATIONS (OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT OF 1991) GOVERNING DRUG AND ALCOHOL TESTING. THESE APPLICANTS WILL BE SUBJECT TO A PRE-EMPLOYMENT DRUG SCREENING TEST AND AN ANNUAL PHYSICAL EXAM.

VIII. OTHER INFORMATION

How did you learn of this employment opportunity (please check all of the appropriate boxes below)?

Newspaper <input type="checkbox"/>	GCPS Web Site <input type="checkbox"/>	Other Internet Web Site <input type="checkbox"/>	GCPS Job Fair <input type="checkbox"/>
Job Fair <input type="checkbox"/>	Placement Office <input type="checkbox"/>	Employment Agency <input type="checkbox"/>	College Job Fair <input type="checkbox"/>
Radio <input type="checkbox"/>	VEC (Virginia Employment Commission) <input type="checkbox"/>	GCPS Bulletin Board <input type="checkbox"/>	Employee <input type="checkbox"/>

In your own handwriting, why are you seeking a position with Gloucester County Public Schools? Please attach one or more additional sheets if necessary.

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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Reference Letter for Support Staff / Substitute Staff Applicants

DIRECTIONS: THIS FORM IS TO BE COMPLETED BY THE REFERENCE ON BEHALF OF THE APPLICANT.

Date: _____

_____ has applied for the position(s) of

_____ in this school division. This applicant would like to use you as a reference. Your evaluation of this applicant will be appreciated and treated with strict confidence. Thank you for taking the time to complete this form or submit a letter of recommendation on behalf of this applicant. Please forward this on to the attention of human resources.

Sincerely,

Juanita V. Smith
Director of Human Resources

General Attitude	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown
Work Performance	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown
Work Behavior	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown
Reliability / Dependability	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown
Punctuality	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown

Do you know of anything that would restrict the applicant's job performance? No Yes

Please feel free to provide additional comments on the back of this form.

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

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

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Punctuality	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown

Do you know of anything that would restrict the applicant's job performance? No Yes
Please feel free to provide additional comments on the back of this form.

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

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

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Reliability / Dependability	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown
Punctuality	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown

Do you know of anything that would restrict the applicant's job performance? No Yes
Please feel free to provide additional comments on the back of this form.

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

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

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