

WAYNESBORO PUBLIC SCHOOLS
301 PINE AVENUE
WAYNESBORO, VIRGINIA 22980

APPLICATION FOR SUBSTITUTE EMPLOYMENT

PLEASE CHECK POSITION APPLYING FOR

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> TEACHER | <input type="checkbox"/> CUSTODIAN | <input type="checkbox"/> SECRETARY |
| <input type="checkbox"/> SPECIAL EDUCATION AIDE | <input type="checkbox"/> SCHOOL NUTRITION | <input type="checkbox"/> BUS AIDE |
| <input type="checkbox"/> INSTRUCTIONAL AIDE | <input type="checkbox"/> BUS DRIVER | <input type="checkbox"/> OTHER |

NAME _____ LAST FIRST MIDDLE INITIAL	DATE _____
HOME ADDRESS _____ STREET	MAILING ADDRESS _____ STREET
CITY _____ STATE _____ ZIP CODE _____	CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER _____	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER _____	

DATE AVAILABLE FOR EMPLOYMENT _____ SPECIFIC POSITION APPLYING FOR _____

HAVE YOU EVER BEEN:

- | | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. CONVICTED OF A VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. DISCHARGED OR REQUESTED TO RESIGN FROM A FORMER POSITION? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. THE SUBJECT OF CONSIDERATION, RECOMMENDATION, OR ACTION FOR NONRENEWAL OF CONTRACT? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 4. OTHER THAN A MINOR TRAFFIC INFRACTION, CHARGED OR CONVICTED (AS GUILTY OR NOT INNOCENT) OF ANY OFFENSE ALLEDGELY INVOLVING THE SEXUAL MOLESTATION, PHYSICAL OR SEXUAL ABUSE, OR RAPE OF A CHILD? |

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", PLEASE GIVE A FULL EXPLANATION

EDUCATION AND PROFESSIONAL TRAINING

SCHOOL	NAME AND LOCATION	ATTENDED		MAJOR SUBJECT	DIPLOMA DEGREE OR CERTIFICATE	YEAR GRAD.
		FROM	TO			
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
GRADUATE OR PROFESSIONAL						
OTHER-BUSINESSM ARMED FORCES VOCATIONAL, ETC.						

DEGREES _____	TYPE OF CERTIFICATE PROFESSIONAL	<input type="checkbox"/> COLLEGIATE <input type="checkbox"/> COLLEGIATE	<input type="checkbox"/> POST GRADUATE PROFESSIONAL <input type="checkbox"/> STATE _____
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POSITION, GRADES, OR SUBJECTS ENDORSED TO TEACH AS SHOWN ON YOUR CERTIFICATE _____

REFERENCES

GIVE THREE REFERENCES, OTHER THAN FAMILY, INCLUDING SUPERVISORS OR PREVIOUS EMPLOYERS WHO HAVE FIRST-HAND KNOWLEDGE OF YOUR CHARACTER, PERSONALITY, AND PROFESSIONAL QUALIFICATIONS.

NAME AND POSITION	COMPLETE ADDRESS	TELEPHONE NUMBER

EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB (YOU MAY INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND/OR VOLUNTEER ACTIVITIES). GIVE A BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES IN SUCH DETAIL AS TO MAKE YOUR QUALIFICATIONS CLEAR. A RESUME MAY BE ATTACHED, BUT WILL NOT SUBSTITUTE FOR THIS APPLICATION.

EMPLOYER	DATES EMPLOYED		JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	SUPERVISOR		
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	SUPERVISOR		
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	SUPERVISOR		
REASON FOR LEAVING			

I UNCONDITIONALLY CERTIFY that I have carefully reviewed this completed application and have made true, correct, and complete answers and statements with respect to my application. I understand that any omission, misleading or incorrect statement or other representation made or implied by me, or any supplement thereto, whether written or oral, will be sufficient grounds for failure to employ, or for immediate termination of employment by the School Board.

I ACKNOWLEDGE that I have a duty to immediately supplement the application to guarantee the accuracy of it at all times. I acknowledge that I will be required, as a condition of employment, to receive a criminal history records review and a fingerprint analysis. I acknowledge that any employment offer/appointment made to me by the School Board will be conditioned upon the School Board's receipt of background information. In the event the School Board determines, in its sole discretion the existence of a material adverse report or omission as to any information, I agree that the employment offer/appointment will be deemed revoked immediately without further action or notice.

I UNDERSTAND that the employment status in a substitute position is on an as-need-basis and is not to be considered as a permanent, full-time, or part-time position.

IMPORTANT NOTICE: According to the Virginia Employment Commission, employees hired in substitute positions are not eligible for unemployment benefits due to "lack of work" unless they have a reasonable assurance of returning after a break in employment.

DATE _____

SIGNATURE _____