



520 Butler Farm Road ??? Hampton, VA 23666
 Phone: 757-766-1100 ??? Fax: 757-865-8329
 Web site: http://www.nhgs.tec.va.us

APPLICATION FOR EMPLOYMENT PROFESSIONAL POSITION

Applicant's Last Name	First Name	MI	Maiden Name

Other Name(s)

Present Address – Street	City	State	Zip

Telephone Number - Home	Telephone Number – Work	Telephone Number – Cellular

E-Mail Address	Social Security Number

INDICATE **FIRST CHOICE POSITION DESIRED:**

<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Security
<input type="checkbox"/> Behavior Specialist	<input type="checkbox"/> Manager _____	<input type="checkbox"/> Teacher
<input type="checkbox"/> Coordinator _____	<input type="checkbox"/> Network Systems	<input type="checkbox"/> Therapist _____ (speech, recreational, occupational)
<input type="checkbox"/> Director _____	<input type="checkbox"/> Nurse	<input type="checkbox"/> Vocational Evaluator
<input type="checkbox"/> Executive Secretary	<input type="checkbox"/> Principal	<input type="checkbox"/> Other _____
<input type="checkbox"/> Finance	<input type="checkbox"/> Psychologist	

INDICATE **SECOND CHOICE POSITION DESIRED:** _____

Are you a US Citizen? Yes No
 If not, are you eligible to work in the U.S. ? Yes No

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

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

II. TEACHING EXPERIENCE (List chronologically all teaching experience. DO NOT LIST SUBSTITUTE TEACHING.)

Name of School	School Division City/County	State	Position, Grades and Subjects Taught (Specify)	Dates Mo./Day/Yr.	Total Years	Full Time (X)	Part Time (X)	HR Use
Total								

III. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships.)

Name of School	School Division City/County	State	Grade Level and/or Subject	Dates	HR Use

IV. WORK EXPERIENCE — Please use supplementary sheets for additional information.

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities, which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

A. Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ To (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

B. Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ To (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

C. Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ To (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

V. MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

VI. LICENSURE (Positions requiring License and endorsement.)

A. If you have been issued a Virginia license, you will be required to submit a photocopy if hired.

Type of VA License	VA License Expiration Year	Endorsements
Provisional		
Collegiate Professional		
PG Professional		
Pupil Professional		
VIE		
Conditional Special Education Licensure		
Other		

Have you passed the Virginia Communication and Literacy Assessment (VCLA)? Yes No When? _____

Have you passed the Virginia Reading Assessment (VRA)? Yes No When? _____

Have you taken/passed Praxis? Yes No When? _____

Have you applied for a Virginia license? Yes No When? _____

Is statement of eligibility enclosed? Yes No

B. If you have been issued a license in another state, you will be required to submit a photocopy if hired.

State	Type of License	Expiration Date	Endorsements

VII. GENERAL INFORMATION

A. Date available for employment (mm/dd/yyyy): _____

B. Are you under contract? Yes No If yes, where? _____

Present Position: _____

C. If presently employed, why do you wish to change? _____

D. If under contract, what type? Annual/Probationary Continuing/Tenure Other: _____

E. If under contract, can you be released if you are offered another position? Yes No

F. If not under contract now, have you ever held a continuing contract in Virginia? Yes No

If yes, cite school division(s) and date(s): _____

G. Referral Source: New Horizon Posting Newspaper Advertising Employee Friend

Other: _____

H. Have you ever been refused Tenure or a continuing contract? Yes No If yes, please

explain: _____

I. Have you ever been discharged or requested to resign from a position? Yes No If yes,

please explain: _____

J. Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?

Yes No If yes, please explain: _____

K. Have you ever had a certificate of license revoked or suspended? Yes No If yes, please

explain: _____

L. Are any criminal charges or proceedings pending against you? Yes No (If yes, please

explain: _____

- M. Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes No If yes, please explain: _____

VIII. REFERENCES: It is the **applicant's responsibility** to provide New Horizons with at least two (2) work references. One must be your current employer, if employed, and at least one (1) past employer.

Name	Title	Address	Phone Number

Please list below the names of at least three (3) personal references.

Name	Relationship	Address	Phone Number

IX. OTHER INFORMATION

- A. To avoid conflict of interest, list any relatives who serve on the Board of Trustees or relatives employed by New Horizons and site relationship. _____
- B. Please 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.

By choosing "**Accept**" from the agreement box below, I authorize New Horizons Regional Education Center to conduct a background investigation and also authorize release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, if applicable, 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 to New Horizons 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: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

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, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with New Horizons. I am aware that fingerprinting is a part of the application process.

I agree with all the above terms and conditions. **Accept**

Signature: Date:

NEW HORIZONS REGIONAL EDUCATION CENTER IS AN EQUAL OPPORTUNITY EMPLOYER

In accordance with federal laws, the laws of the Commonwealth of Virginia and the policies of New Horizon Regional Education Center, New Horizons does not discriminate on the basis of sex, race, color, age, disabilities or national origin in the provision of employment and services. New Horizons operates equal opportunity and affirmative action programs for students and staff. New Horizons is an equal opportunity/affirmative action employer.



WORK EXPERIENCE SUPPLEMENT

<p>D. Job _____</p> <p>Employer _____</p> <p>Address _____</p> <p>_____ Phone _____</p> <p>Type of business _____</p> <p>Immediate supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ To (mo/yr) _____</p> <p>Full-time _____ Part-time _____ Hours/week _____</p> <p>E. Job Title _____</p> <p>Employer _____</p> <p>Address _____</p> <p>_____ Phone _____</p> <p>Type of business _____</p> <p>Immediate supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ To (mo/yr) _____</p> <p>Full-time _____ Part-time _____ Hours/week _____</p> <p>F. Job Title _____</p> <p>Employer _____</p> <p>Address _____</p> <p>_____ Phone _____</p> <p>Type of business _____</p> <p>Immediate supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ To (mo/yr) _____</p> <p>Full-time _____ Part-time _____ Hours/week _____</p>	<p>Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Number and titles of employees you supervised _____</p> <p>Equipment used _____</p> <p>Reason for leaving _____</p> <p>Your name if different from present _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Number and titles of employees you supervised _____</p> <p>Equipment used _____</p> <p>Reason for leaving _____</p> <p>Your name if different from present _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Number and titles of employees you supervised _____</p> <p>Equipment used _____</p> <p>Reason for leaving _____</p> <p>Your name if different from present _____</p>
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