



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 CLASSIFIED POSITION

|                              |                   |           |                    |
|------------------------------|-------------------|-----------|--------------------|
|                              |                   |           |                    |
| <b>Applicant's Last Name</b> | <b>First Name</b> | <b>MI</b> | <b>Maiden Name</b> |

**Other Name(s)**

|                         |             |              |            |
|-------------------------|-------------|--------------|------------|
|                         |             |              |            |
| <b>Address – Street</b> | <b>City</b> | <b>State</b> | <b>Zip</b> |

|                                |                                |                                    |
|--------------------------------|--------------------------------|------------------------------------|
|                                |                                |                                    |
| <b>Telephone Number - Home</b> | <b>Telephone Number – Work</b> | <b>Telephone Number – Cellular</b> |

|                       |                               |
|-----------------------|-------------------------------|
|                       |                               |
| <b>E-Mail Address</b> | <b>Social Security Number</b> |

**Check Type of Position for which you are applying:**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Custodial              | <input type="checkbox"/> Grounds Maintenance       | <input type="checkbox"/> Secretary          |
| <input type="checkbox"/> Driver                 | <input type="checkbox"/> Job Coach Specialist      | <input type="checkbox"/> Substitute Teacher |
| <input type="checkbox"/> Finance                | <input type="checkbox"/> Mentor Program Specialist | <input type="checkbox"/> Teacher Assistant  |
| <input type="checkbox"/> Food Service Assistant | <input type="checkbox"/> Registrar                 | <input type="checkbox"/> Other:             |

Have you ever been employed by New Horizons?  Yes  No  
 If so, in what capacity and please give the school year that you worked? \_\_\_\_\_

**I. Education**

| 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 |                              |       |                |                |                    |                               |
| Other Education       |                              |       |                |                |                    |                               |
| G.E.D.                |                              |       |                |                |                    |                               |

Are you a U.S. Citizen? :  Yes  No  
 If not, please explain why you are legally eligible to work in the U.S.: \_\_\_\_\_

**II. Work Experience (List most recent experience first)** Please use supplementary sheets for additional information. Please complete all sections and do not use "see resume".

Starting with the most recent job, 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 \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_ Your name if different from present \_\_\_\_\_

**B. Job** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employe \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_ Your name if different from present \_\_\_\_\_

**C. Job** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employe \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_ Your name if different from present \_\_\_\_\_

**III. GENERAL INFORMATION**

- A. Date available for employment (mm/dd/yyyy): \_\_\_\_\_
- B. What is your salary requirement? \_\_\_\_\_
- C. Referral Source:  New Horizon Posting  Newspaper Advertising  Employee  
 Friend  Other: \_\_\_\_\_
- D. Have you ever been discharged or requested to resign from a position?  Yes  No If yes, please explain: \_\_\_\_\_
- E. Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?
- F.  Yes  No If yes, please explain: \_\_\_\_\_
- F. Are any criminal charges or proceedings pending against you?  Yes  No (If yes, please explain: \_\_\_\_\_)
- G. 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: \_\_\_\_\_

**IV. 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 |
|------|--------------|---------|--------------|
|      |              |         |              |
|      |              |         |              |
|      |              |         |              |

**X. 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

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

**NEW HORIZONS REGIONAL EDUCATION CENTER  
520 BUTLER FARM ROAD  
HAMPTON, VIRGINIA 23666  
(757) 766-1100 X 309 FAX (757) 865-8329  
Attn: Dr. Dedra R. Jordan, Human Resources Director**

**Verification of Previous Work Experience**

---

**PART I- To be completed by Employee and Forwarded To Previous Employer**

---

NAME  
(Print) \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I am being considered for a position with New Horizons Regional Education Center in Hampton, Virginia. In order to substantiate my previous experience for salary purposes, will you kindly verify my dates of employment? Your promptness in returning this form directly to the address listed or fax will be appreciated. My salary placement is pending receipt of this information.

Exact Dates of Service: From (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

\_\_\_\_\_  
Signature Date

---

**PART II- To be completed by Previous Employer**

---

\*\*\*NAME OF EMPLOYER \_\_\_\_\_

YEAR: MO\_\_ YR\_\_ TO MO\_\_ YR\_\_ TOTAL MONTHS \_\_\_\_\_

FULL TIME \_\_\_\_\_ \* PART TIME \_\_\_\_\_

\*FOR PART-TIME EMPLOYMENT, PLEASE INDICATE PERCENTAGE OF TIME. \_\_\_\_\_

SALARY AMOUNT: \_\_\_\_\_ (ANNUAL) \_\_\_\_\_ (HOURLY)

NUMBER OF DAYS CONTRACTED \_\_\_\_\_

POSITION HELD \_\_\_\_\_

---

If there was an extended leave of absence granted during employment, please indicate nature of leave and exact dates. \_\_\_\_\_

Is the employee listed above eligible for re-hire \_\_\_\_\_ Yes \_\_\_\_\_ No

If the employee is not eligible for re-hire please explain:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_