



520 Butler Farm Road ••• Hampton, VA 23666
 Phone: 757-766-1100 ••• Fax: 757-766-9402
 Web site: <http://www.nhgs.tec.va.us>

APPLICATION FOR EMPLOYMENT PROFESSIONAL POSITION

Applicant's Last Name	First Name, Middle Initial

Other Name(s)

Address – Street	City	State	Zip

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

E-Mail Address

INDICATE **FIRST CHOICE POSITION DESIRED:**

<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> Finance	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Behavior Specialist	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Security
<input type="checkbox"/> Coordinator	<input type="checkbox"/> Manager	<input type="checkbox"/> Teacher
<input type="checkbox"/> Database Administrator/Registrar	<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

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						
Other						

New Horizons requires proof of education including High School Diploma.

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 _____ 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 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 _____

C. 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 _____

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. Are you receiving benefits from the Virginia Retirement System? (VRS) Yes No
- H. Referral Source: New Horizon Posting Newspaper Advertising Employee Friend
 Other: _____
- I. Have you ever been refused Tenure or a continuing contract? Yes No If yes, please explain: _____
- J. Have you ever been discharged or requested to resign from a position? Yes No If yes, please explain: _____
- K. Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?
 Yes No If yes, please explain: _____
- L. Have you ever had a certificate of license revoked or suspended? Yes No If yes, please explain: _____
- M. Are any criminal charges or proceedings pending against you? Yes No (If yes, please explain: _____)
- N. 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 three (3) work references. One must be your current employer, if employed, and at least one (2) past employer.

Name	Title	Address	Phone Number

Please list below the names of at least two (2) 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 compliance with Executive Order 11246; Title II of the Education Amendments of 1976; Title VI of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972; Title IX Regulation Implementing Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973; and all other federal, state, school rules, laws, regulations, and policies, New Horizons Regional Education Centers shall not discriminate on the basis of sex, age, race, color, national origin, religion or disability in its education programs and activities which it operates nor provisions of employment and services. Any complaints of alleged discrimination under Title IX (sex) and Section 504 (disability) should be referred to: Human Resources Department, 520 Butler Farm Road, Hampton, VA 23666, (757) 766-1100, ext. 3377.

**NEW HORIZONS REGIONAL EDUCATION CENTERS
520 BUTLER FARM ROAD
HAMPTON, VIRGINIA 23666
(757) 766-1100 X 3377 FAX (757) 766-9402
Attn: Human Resources
Verification of Previous Work Experience**

Please give to your previous employer before you turn in application.

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 Centers. In order to substantiate my previous experience for salary purposes, will you kindly verify the information in Part II below? 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: _____