



520 Butler Farm Road ••• Hampton, VA 23666  
 Phone: 757-766-1100 ••• Fax: 757-865-8329  
 Web site: http://www.nhrec.org

## APPLICATION FOR EMPLOYMENT PROFESSIONAL POSITION

<b>Applicant's Last Name</b>	<b>First Name, Middle Initial</b>

<b>Other Name(s)</b>

<b>Present 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>

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						

**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
<b>Total</b>								

**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 Virginia teaching license and endorsement.)

A. If you have been issued a Virginia teaching 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 teaching 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 Horizons 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 Centers 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: Dr. Dedra R. Jordan, Title IX/504 Compliance Officer, 520 Butler Farm Road, Hampton, VA 23666, (757) 766-1100, ext. 309



**NEW HORIZONS REGIONAL EDUCATION CENTERS**  
**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**

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**PART I- To be completed by employee and forwarded to previous employer.**

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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

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**PART II- To be completed by previous employer.**

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

FROM: MONTH \_\_\_ YEAR \_\_\_ TO MONTH \_\_\_ YEAR \_\_\_ 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 \_\_\_\_\_

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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:

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

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