

LEXINGTON CITY SCHOOLS EMPLOYMENT APPLICATION

The following documents are required in order for us to have a complete application packet.

1. Lexington City Schools Application
2. Transcripts
3. Praxis I & II Scores
4. Student Teaching Evaluation Summary
5. Teaching Certificate
6. Three Written References
7. College Placement Folder
8. Certification Statement – 22.1-296.1
9. Up-to-Date Resume

Thank you for your interest in Lexington City Schools, a “Super District for Quality Schools!” Please submit any additional paperwork to us within three weeks of the application date. If we can answer any questions, please email or call us. Please remember that your Certification Statement Required by 22.1-296.1 must be signed and returned BEFORE your application can be processed.

Should you be selected as a candidate for a future vacancy, we will contact you to arrange an interview at a mutually convenient time.

We appreciate your interest in Lexington City Schools!

LEXINGTON CITY SCHOOLS EMPLOYMENT APPLICATION

300 Diamond Street
Lexington, Virginia 24450-1937
(540) 463-7146

Instructions: Use the Tab key for easy navigation. Upon completion, save and email as an attachment to
scash@lexedu.org

Applicant's Full Name: _____

Present Mailing Address: City _____ **State:** _____ **Zip Code:** _____

Permanent Mailing Address: _____

Telephone Numbers: Present: _____ **Permanent:** _____ **Work:** _____

E-mail: _____

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, 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 the school division 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 omissions, false answered statements 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 the school division.

Date: (MM/DD/YYYY): _____

Mark the appropriate boxes:

New Application

Former Employee of the School Division

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED

Teacher Guidance Library/Media Other (Explain) _____

Administrator Supervisor Psychologist Visiting Teacher/Social Worker

List grade level(s) and/or subject area(s) in order of preference. _____

Are you a U.S. 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	Type of Degree	Year of Graduation	Dates of Attendance From - To
High School	_____	_____	_____	_____	_____	_____ - _____
College or University	_____	_____	_____	_____	_____	_____ - _____

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

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

III. TEACHING EXPERIENCE (List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.)

Name of School	School Division City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates (MM/DD/YYYY) (From - To)	Full Time	Part Time
_____	_____	_____	_____	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>

IV. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically)

Employer	City/County	State	Kind of Work	Dates of Employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. Military Experience

Branch of Service _____
 Inclusive Dates _____

Occupational Specialist (MOS) _____
 Type of Discharge _____

VI. Certification

A. Have you been issued a Virginia certificate? Yes No **(please submit a photocopy)**

Type of Va. Certificate: Provisional Collegiate Professional

PG Professional Pupil Personnel VIE

Year of Expiration of Virginia Certificate: _____ Endorsements: _____

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

B. If you have been issued a certificate in another state, **please submit a photocopy.**

State: _____ Expiration Date: _____ Certification/Endorsements: _____

C. Have you taken the PRAXIS, Part I & II? Yes No **(If yes, please submit a copy of your scores.)**

VII. GENERAL INFORMATION

Month, Day, and Year Available for employment: _____ Are you under contract? Yes No

If yes, where?

If presently employed, why do you wish to change?

If under contract, what type: Annual Probationary Other (explain) _____ Continuing/Tenure

If under contract, have you checked and can you be released if you are offered another position?

Yes No

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):

Referral Source: Advertisement/Posting Employee Friend Other (Explain)

Have you ever been refused tenure or a continuing contract?

(If yes, explain in the Additional Remarks section at the bottom of this page) Yes No

Have you ever been discharged or requested to resign from a position? (If yes, explain in the Additional Remarks section at the bottom of this page)

Yes No

Have you ever been convicted of a violation of law other than a minor traffic violation? (If yes, explain in the Additional Remarks section at the bottom of this page)

Yes No

Have you ever had a certificate or license revoked or suspended? (If yes, explain in the Additional Remarks section at the bottom of this page)

Yes No

Are any criminal charges or proceedings pending against you?

(If yes, explain in the Additional Remarks section at the bottom of this page) Yes No

VIII. REFERENCES

It is the applicant's responsibility to have the following information provided the School Division in order to be considered for employment:

*The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.

*Unless included in Placement File, applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

*Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s) in the placement file or by listing names below.

As indicated above, a Placement File is being sent, or references are listed below :

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

IX. EXTRACURRICULAR ACTIVITIES

Indicate the number of years experience in the activities listed below. **Check activities you are willing to coach/sponsor:**

Extracurricular Activities	High School Experience	College Experience	Contract Experience
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yearbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literary Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honor Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite relationship.

Estimate your total absence from work or school for the last three years and explain the reason(s)

Explain any physical or mental conditions which would adversely affect your ability to perform the duties of the position you seek; or if there are none, so state.

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.

The School Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION VII - GENERAL INFORMATION

THIS PAGE MUST BE PRINTED, SIGNED AND RETURNED BEFORE ANY APPLICANT CAN BE CONSIDERED FOR EMPLOYMENT.

Certification Statement Required by 22.1 – 296.1

"I understand and agree that by signing and submitting this application, I certify

1. that I have not been convicted of a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a child.

and

* please check one box below:

2. that I have been convicted of a crime of moral turpitude
 that I have not been convicted of a crime of moral turpitude

I further understand that if I make a materially false statement regarding any of the above offenses, I will be guilty of a Class 1 misdemeanor."

RETIREMENT BENEFITS

1. Have you ever been in a Virginia Retirement System covered position? Yes No
2. Are you receiving Virginia Retirement System benefits? Yes No
3. Are you receiving retirement benefits from any other State Retirement System?
Yes No

If yes, where? _____

Date _____ Signature of Applicant _____

This form should be printed and submitted to reference source

**Lexington City Schools
Lexington, Virginia
Reference Form**

Dear _____,

I am applying for a position as _____ with the Lexington City Schools. Please complete appropriate evaluation categories that apply to your knowledge of my background, and mail directly to the Lexington City Schools, 300 Diamond Street, Lexington, VA 24450.

I agree to () do not agree to () waive my right to access to your response.

Date _____

Applicant's Signature

(Please Print your name here)

	Superior	Above Average	Average	Below Average	N/A
1. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Poise/Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Habits of Workmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Initiative & Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Command of English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Overall effectiveness as teacher/administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Would you employ this applicant?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. If this person were employed by you, would a contract have been issued?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments:

Date: _____

Name: _____

Position: _____

Signature: _____

As required by federal laws and regulations, the Lexington City School Board does not discriminate on the basis of sex, race, color, religion, handicapping condition, or national origin in employment or in its educational programs and activities.

“AN EQUAL OPPORTUNITY EMPLOYER”

Please check the boxes that describe your sex and race or ethnic group.

The categories are those suggested by the Federal Equal Employment Opportunity Commission.

You may decline to return this form with your application. Also, you may return the form without your name. If you decline to return the form, or if you return it without your name, your application will still be considered and your chance of being hired will not be affected in any way.

Sex	Race or Ethnic Group
<input type="checkbox"/> Male	<input type="checkbox"/> White (not Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> Female	<input type="checkbox"/> Black (not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
	<input type="checkbox"/> Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central of South American, or other Spanish culture or origin, regardless of race.
	<input type="checkbox"/> Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example China, Japan, Korea, India, The Philippine Islands, and Samoa.
	<input type="checkbox"/> American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Your Name: _____

Date: _____