

Mail To:
 Human Resources
 Maggie L. Walker Governor's School
 For Government And International Studies
 1000 North Lombardy Street
 Richmond, Virginia 23220



Please check one:
 Part-time Full-time
 Commercial Drivers Lic. Yes No

**APPLICATION FOR EMPLOYMENT
 FOR SUPPORT POSITIONS**

Name: _____ Date: _____
 Last First Middle Maiden
 Address: _____
 Street City State Zip
 Telephone: (____) _____ (____) _____ Social Security #: _____
 Home Work

Applications accepted for the following departments: Paraprofessional, Secretarial, Maintenance, Security, and Coaching.

These positions are for posted vacancies only. Place a check to indicate position interested in applying for along with the position and the vacancy number on the notice.

___ Maintenance	_____	_____
	position	vacancy #
___ Clinic Assistant	_____	_____
	position	vacancy #
___ Security	_____	_____
	position	vacancy #
___ Secretarial	_____	_____
	position	vacancy #
___ Media/Technology	_____	_____
	position	vacancy #
___ Tutor	_____	_____
	position	vacancy #
___ Coaching-indicate sport(s)	_____	_____
	position	vacancy #
___ Other	_____	_____
	position	vacancy #

Application Complete Application Missing Sections
 Personal Information Employment History References

Application Received By: _____ Date: _____

Applications will be kept on file for one year.

AA/EOE/ADA EMPLOYER

PERSONAL INFORMATION

Do you have a valid Virginia driver's license? Yes No Do you have a valid CDL driver's license? Yes No
License # _____ License # _____

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

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes No
If yes, please explain. _____

Have you ever been convicted of a felony? Yes No
If yes, please explain. _____

Have you ever been convicted of an offense involving sexual molestation, physical or sexual abuse or rape of anyone? Yes No
If yes, please explain. _____

Have you ever been the subject of a founded case of child abuse and/or neglect? Yes No
If yes, please explain. _____

Have you ever been discharged or requested to resign from a former position? Yes No
If yes, please explain. _____

Do you have relatives working with Maggie L. Walker Governor's School? Yes No
If yes, please indicate position with the school. _____

Have you ever worked for Maggie L. Walker Governor's School? Yes No
If yes, when _____ what position _____

If you are not a citizen, do you have a legal right to remain and work in the US? Yes No
If yes, give visa number and work permit number. _____

EDUCATION AND PROFESSIONAL TRAINING: Indicate highest level of formal education completed.

High School: Graduate Attended but did not graduate
2 Year College: Associate's degree Attended but did not graduate
4 Year College: Bachelor's degree Master's degree Attended but did not graduate
Major area of study: _____ Minor: _____
Related courses (optional): _____
Indicate trade schools attended, certificates obtained: _____

Are you CPR qualified? Yes No Expiration Date of Certificate: _____

AA/EOE/ADA EMPLOYER

Testing is required by some departments as part of the applicant process.

My signature below authorizes Maggie L. Walker Governor's School 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 such information, and without limitation hereby release the school and the references 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 statement 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 the school.

I understand that completion of this application is not a guarantee of a job interview or a job offer.

Applicant's Signature: _____ Date: _____

AA/EOE/ADA/EMPLOYER

EMPLOYMENT HISTORY: List the employers you have had in the past five years. (Not more than three)

From	Employer/Address	Position	Salary	Reason for leaving
To				

Description of duties: _____

From	Employer/Address	Position	Salary	Reason for leaving
To				

Description of duties: _____

From	Employer/Address	Position	Salary	Reason for leaving
To				

Description of duties: _____

COACHING EXPERIENCE: Describe your coaching experience and any certification for the sports that you would like to be considered for. Use additional paper if needed.

U.S. MILITARY RECORD

Service Branch: _____ Date entered: _____ Date discharged: _____ Rank: _____

SKILL: Specify skills you have that are applicable to the position you are applying for.

REFERENCES: List (3) three personal references who have known you for at least (1) one year. (No relatives)

Name	Street Address	City/State	Zip Code	Phone #

Separate reference forms should be mailed directly to the school from the references listed.

The Regional 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 persons 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.