

**RICHMOND COUNTY PUBLIC SCHOOLS
SCHOOL BOARD OFFICE
P. O. BOX 1507
WARSAW, VIRGINIA 22572
804-333-3681**

**Nonprofessional
Application for Employment**

Name _____
Last First Middle

Present Address _____

City, State, Zip Code _____

Telephone Numbers including area code: 1st () _____ 2nd () _____

E-mail address: _____

Position(s) Applying For:

- | | |
|---|---|
| <input type="checkbox"/> Instructional Aide | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Cafeteria Employee | <input type="checkbox"/> Clerical/Secretarial |
| <input type="checkbox"/> Other | <input type="checkbox"/> Teacher Substitute |

Mark the appropriate boxes:

- New Application
- Previous Application on File
- Former Employee of Richmond County Schools

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 information as to criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right to 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 is 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 or 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 division.

Date _____ Signature _____

THE RICHMOND COUNTY SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER

Richmond County Public School Division does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services. Applicants with disabilities will be accommodated upon notice.

I. EDUCATION

Name of School and/or College and Location	Dates of Attendance	Diploma, Degree or Certificate

II. WORK EXPERIENCE

Name of Employer	Address	Dates of Employment	Position Held	Immediate Supervisor

III. REFERENCES

Name	Position/Company	Address	Phone #

IV. GENERAL INFORMATION

Date Available _____ Present Salary _____

Why do you wish to make a change if you are presently employed?

Have you ever been:

1. Convicted of a violation of law other than a minor traffic violation? () Yes () No
2. Discharged or requested to resign from a former position? () Yes () No
3. Convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? () Yes () No
4. Are any criminal charges or proceeding pending against you? () Yes () No

If the answers to any of these questions are "Yes," please explain in detail.

In the space below, you may provide any additional information which will help us make the best evaluation of your application.

