



Human Resources Department  
 12507 Warwick Blvd.  
 Newport News, VA 23606-2673  
 Tel. (757) 881-5061 Fax (757) 597-2967

## EMPLOYMENT APPLICATION – EDUCATIONAL SUPPORT STAFF

Newport News Public Schools (NNPS) is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, national origin, gender, or age. NNPS will make a reasonable accommodation for known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the school division. For a complete listing of current job opportunities, visit our web site at <http://www.sbo.nn.k12.va.us>.

### Position For Which You Are Applying:

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

Posting Number(If Applicable): \_\_\_\_\_

### Personal Information:

Name \_\_\_\_\_  
 (Last) (First) (Middle) (Date)

Current Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 (Daytime) (Evening)

Were you ever previously employed by NNPS? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Dates? \_\_\_\_\_ Position \_\_\_\_\_  
 Do you have any relatives on the NNPS School Board? \_\_\_\_\_ If yes, who and what relationship? \_\_\_\_\_

### Education and Training: (Please provide an official transcript and diploma as proof of highest level of education achieved.)

Type of School	Name	City, State	Years Completed	Degree	Course/Major Subjects
High School					
College					
Vocational/ Technical					
Other Training					

### PLEASE READ AND COMPLETE CAREFULLY

YES NO

1	Have you been convicted (as guilty or not innocent, either under civil or military law, or a determination of abuse or neglect founded against you) of a misdemeanor (including moving traffic violation), a felony or <u>any</u> offense involving moral turpitude, the sexual molestation, physical abuse, neglect, or rape of a child, or any like offense against an adult? (If yes, provide explanation below)		
2	Are any criminal or non-civil charges pending against you? (If yes, provide explanation below)		
3	Have you ever been fired or asked to resign from any job? (If yes, specify employer, date and reason below)		

### PLEASE COMPLETE THIS SECTION IF THE JOB FOR WHICH YOU ARE APPLYING REQUIRES YOU TO DRIVE SCHOOL DIVISION VEHICLES

4	Do you have a valid driver's license? If yes, please list state, number, expiration date, and type/endorsement.		
5	Have you been cited for any moving violations in the last three years pursuant to applicable motor vehicle laws?		
6	Have you had any motor vehicle accidents in the last three years?		
7	Has your driver's license ever been suspended, revoked, denied or canceled?		

EXPLAIN ALL "YES" ANSWERS TO QUESTIONS 1 – 7 HERE.

HOW DID YOU FIND OUT ABOUT THIS POSITION? \_\_\_\_\_  
 \_\_\_\_\_ NNPS WEB SITE \_\_\_\_\_ NNPS JOB FAIR  
 \_\_\_\_\_ CURRENT NNPS EMPLOYEE \_\_\_\_\_ FORMER/RETIRED NNPS EMPLOYEE  
 \_\_\_\_\_ NEWSPAPER \_\_\_\_\_ COLLEGE PLACEMENT OFFICE  
 \_\_\_\_\_ RADIO \_\_\_\_\_ TELEVISION  
 \_\_\_\_\_ NNPS CAMPUS VISIT \_\_\_\_\_ VIRGINIA EMPLOYMENT COMMISSION (VEC)  
 \_\_\_\_\_ INTERNET SITE – SPECIFY WHICH SITE \_\_\_\_\_

List other qualifications and skills (e.g. languages, typing and typing speed, computers and computer applications, etc.).



**Employment History: (Attach Continuation Sheet(s) As Necessary). We may contact the employers listed below.**

Employer	Month/Year Employed From To	Position Title
Address		Reason for leaving
City, State Zip		
Name of Supervisor	Phone #	Last Base Salary or Hourly Rate
		Responsibilities

  

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Name of Supervisor	Phone #	Last Base Salary or Hourly Rate
		Responsibilities

Other names under which your former employers or educational institutions would know you: \_\_\_\_\_

**PROFESSIONAL / WORK-RELATED REFERENCES**

Name	Relationship	Daytime Phone	Evening Phone

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.**

I CERTIFY that all information provided in this employment application is true and complete. I UNDERSTAND that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. I UNDERSTAND that I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work. I AUTHORIZE the investigation of any or all statements contained in this application and also release any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I WAIVE any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I FURTHER WAIVE any claim against NNPS and any outside agency utilized by NNPS as a result of any information which is obtained in this investigation. I SUBMIT this application with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass a Criminal Records Check and Child Protective Services Check. I UNDERSTAND that should this application or a criminal record check reveal a conviction of a crime or founded cases of child abuse or neglect, further processing of this application or my employment, if hired, may be terminated. I FURTHER UNDERSTAND that I must present proof of being having been certified as free of contagious tuberculosis within the past year.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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## APPLICANT EEO OR AFFIRMATIVE ACTION INFORMATION

*Newport News Public Schools (NNPS) is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, national origin, gender, or age. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.*

Full Legal Name: \_\_\_\_\_ Position Applied for (list only one): \_\_\_\_\_

**What is your race/ethnic origin?** (Select one)

- American Indian or Alaskan Native
- Black, not of Hispanic Origin
- Hispanic
- White, not of Hispanic Origin
- Asian or Pacific Islander

**What is your gender?** (Please circle one)

**Male**

**Female**

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