



Norfolk Public Schools

Department of Human Resources
Norfolk Public Schools
800 East City Hall Avenue
Norfolk, Virginia 23510

PRINT IN INK OR TYPE
FILL IN ALL BLANKS
USE N/A IF NOT APPLICABLE

Date: _____

SSN: _____

APPLICATION FOR CLASSIFIED POSITION

Name: _____
Last First Middle

Phone: Home _____
Work _____

Address: _____

Check Type of Position for which you are applying:

- (1) Security _____
- (2) Custodial _____
- (3) Child Nutrition _____
- (4) Lunchroom Monitor _____
- (5) Bus Driver/Assistant _____
- (6) Teacher Assistant _____
- (7) Library Media Assistant _____
- (8) Maintenance _____
- (9) Parent Liaison _____
- (10) Educational Interpreter _____
- (11) Special Education Teacher Assistant:
 - Emotionally Disturbed _____
 - Multi-Handicapped _____
 - Learning Disability _____
 - Mental Retardation _____
 - Severely Profoundly Handicapped _____
 - Trainable Mentally Retarded _____
 - Educable Mentally Retarded _____
- (12) Clerical _____
- (13) In-School Suspension Assistant _____
- (14) In-School Time Out Monitor _____
- (15) Computer Related Fields _____

ARE YOU ALSO INTERESTED IN SUBSTITUTE EMPLOYMENT? YES _____ NO _____

Have you ever been employed by Norfolk Public Schools? _____

If so, in what capacity and please give the school year that you worked?

Education

High School attended: _____
Name City State

Last year attended _____ Did you graduate? _____

Do you have a G.E.D.? _____ Year you obtained G.E.D. _____

Did you attend college or other schools of training? Please give name and location of school.

Are you a U.S. Citizen? Yes _____ No _____ If not, please explain why you are legally eligible to work in the U.S.

Do you have any relatives working for or serving on the School Board of Norfolk Public Schools? Yes ___ No ___
If yes, name position, relationship, and where relative works.

Have you ever been discharged (fired) from any position? Yes _____ No _____
If yes, please explain on the lines below.

Have you ever been forced or requested to resign from any position (please do not include layoff)?
Yes _____ No _____
If yes, please explain on the lines below.

Have you ever been convicted of any crime or misdemeanor (including military courts-marital) other than a minor traffic violation? Yes _____ No _____
If yes, please explain on the lines below to include incident and date of incident.

Are any criminal charges or proceedings pending against you? Yes _____ No _____

Work Experience
(List most recent experience first)

Name of Business _____ Position _____
Salary _____
Address _____ Employment Dates From _____ To _____
Street City Zip Code
Immediate Supervisor _____

Name of Business _____ Position _____
Salary _____
Address _____ Employment Dates From _____ To _____
Street City Zip Code
Immediate Supervisor _____

Name of Business _____ Position _____
Salary _____
Address _____ Employment Dates From _____ To _____
Street City Zip Code
Immediate Supervisor _____

References

(Relatives Not Accepted)

Name _____ Position _____
Address _____
Street City Zip Code

Name _____ Position _____
Address _____
Street City Zip Code

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, medical records, 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 any 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.

Disclosure of your social security number (SSN) is mandatory to obtain the service, benefits, or processes that you are seeking. Solicitation of the SSN by the Department of Human Resources is authorized under the provisions of the Social Security Act.

I hereby certify that I have not been convicted of any offenses involving the sexual molestation, physical or sexual abuse or rape of a child.

I understand that Norfolk Public Schools is a drug free workplace, and I will be subject to pre-employment and reasonable suspicion drug testing.

Furthermore, I certify that I have made true, correct and complete answers and statements in this application with the knowledge that they may be relied upon in considering my application. Further, I understand that an omission and/or false statement made by me on this application, or on any accompanying supplement will be sufficient grounds for my not being hired or for my being dismissed should I be employed by the school division. Any information regarding former or current employment with Norfolk Public Schools may be released to necessary individuals for the sole purpose of determining my eligibility for reemployment, transfer or promotion. Permission is granted to contact my present and previous employers concerning my employment history. I also understand that I may be required to furnish names and character references.

Signature _____ Date _____

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE.

The School Board of the City of Norfolk is an equal opportunity employer and does not discriminate on the basis of race, religion, national origin, color, disability (handicap), sex or age.