**SUPPORT STAFF APPLICATION INSTRUCTIONS**

**This application packet is for the following support staff positions:**

Bus Drivers Custodial Staff

Food Service Staff Instructional Assistants

Maintenance Staff Managers

Secretarial/Bookkeeper Staff Security Guards

Substitute Teachers Technical Staff

**To be considered for a position:**

* Applications must be completely filled in, signed and dated.
* Resumes may be attached for additional information purposes.
* For references, you may use our form OR recent, original, signed and dated letters from the person giving a reference. They should be from previous supervisors OR **non-family members. References cannot be immediate family members.**
* Three reference forms have been included for your convenience. **If you choose not to submit reference forms or letters, the references listed on your application will be contacted.**
* Some positions may require an updated resume.

**All applications and references must be returned to:**

Surry County Public Schools

Attn: Renita R. Bailey, Human Resources Supervisor

P. O. Box 317

Surry, VA 23883

**or**

**Email:** renita\_bailey@surryschools.net

**or**

**Fax Number:** (757) 294-5263 Attn: Renita Bailey

**APPLICATION FOR EMPLOYMENT**

**Position Applied For:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Permanent Cell Other

**Social Security Number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check Highest Education Attained:**

GED \_\_\_\_Diploma \_\_\_\_ Some College \_\_\_\_ Associates \_\_\_\_ Bachelors \_\_\_\_

Masters \_\_\_\_ Doctorate \_\_\_\_

**Please complete this statement: *I hold degrees/certificates in the following areas of study:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) Degrees/Certificates were Attained:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate any professional licenses, endorsements or certifications you hold (Electrician, CDL, etc.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***WORK EXPERIENCE:***

**List previous work experience and dates of employment, especially positions that relate to the positions to which you are applying. Resumes may be attached for additional information ONLY.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Address/Phone** | **Position Held** | **Dates Employed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**List the name, address and telephone number of the three individuals who will be submitting references on your behalf:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Reference** | **Business Address** | **Telephone** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**Are you a United States citizen? Yes \_\_\_ No \_\_\_**

**If not, does your visa permit permanent employment in the United States? Yes \_\_\_ No \_\_\_**

**(Your visa must be presented upon hire.)**

**Please answer the following questions and include any arrests and convictions. IF ANY ANSWER IS YES, YOU MUST EXPLAIN BELOW.**

Have you ever been arrested for a crime, including traffic? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? Yes \_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or requested to resign a position? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been refused renewal of a contract? Yes \_\_\_\_\_ No\_\_\_\_\_

Have you ever been convicted of any offense involving sexual

molestation, physical or sexual abuse or rape/molestation of a child? Yes \_\_\_\_No \_\_\_\_

Have you ever been the subject of a founded case of child abuse and neglect? Yes\_\_\_\_\_ No\_\_\_\_\_

**For each "Yes" please explain:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

READ and SIGN

I have made true, correct, and complete answers and statements on this application knowing that they may be relied upon in considering my application, and I understand that any omission or falsely answered statement on this application, or any supplement to it, will be sufficient grounds for my discharge. I also understand that a materially false statement regarding a conviction for a felony, a crime of moral turpitude, or any offense involving the sexual molestation, physical or sexual abuse, or rape of a child constitutes a Class 1 misdemeanor and may result in the revocation of my license.

I hereby authorize all employers for whom I have worked or others familiar with my abilities, to furnish any information which the Surry County Public Schools may request concerning my past employment. I also, hereby, release all such employers from any liability in connection therewith.

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

EMPLOYMENT REFERENCE

Once Part I is completed, it is the applicant's responsibility to provide at least three

references, preferably from former employers. If there is limited or no prior work experience, written

character references from non-family members may be provided. Your references must

complete the attached reference form in its entirety OR submit recent, original, signed and

dated letters. Your participation in this process conveys your consent that the evaluator and

Surry County Public Schools are released from liability for using information submitted on your behalf.

**PART 1 – To Be Completed By Applicant**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am applying for the position(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Surry County Public Schools.

Please complete the appropriate evaluation categories that apply to your knowledge of my background and return to the above address.

**Applicant's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for information pertaining to my work experience and character to be released to Surry County Public Schools, and I release the evaluator and Surry County Public Schools from liability for using this information. I understand that the evaluator will be providing this information on a confidential basis to Surry County Public Schools.

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

**Type of position held by applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Service: From (Mo./Yr.)** \_\_\_\_\_\_\_\_\_\_\_\_\_ **To** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Mo./Yr.)**

**Length of Service** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 1 of 2

Evaluator, please indicate in the spaces below a number for the following scale which describes your comparison of the previously named applicant with known persons of comparable experience. If you do not have such knowledge of the applicant, please write N/A.

**Categories:**

**5** = Excellent **4** = Above Average **3** = Satisfactory **2** = Below Average **1** = Unacceptable

**Personal Characteristics:**

Ability to Work Effectively with Co-workers \_\_\_\_\_

Ability to Work Effectively with Supervisors\_\_\_\_\_

Willingness to Perform as a Team Member\_\_\_\_\_

Attitude/Disposition\_\_\_\_\_

Attendance/Punctuality\_\_\_\_\_

**Assignment Responsibilities:**

Knowledge of Assignment Area\_\_\_\_\_

Maturity of Judgment\_\_\_\_\_

Dependability\_\_\_\_\_

Self-Control\_\_\_\_\_

Ability to Communicate In Written Form\_\_\_\_\_

Ability to Communicate Orally\_\_\_\_\_

Leadership/Initiative\_\_\_\_\_

Efficiency of Routing Responsibilities\_\_\_\_\_

If this applicant were applying to you for a similar position, would you employ them? \_\_\_\_\_\_\_\_\_

Length of time under your supervision (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME AND TITLE OF PERSON COMPLETING FORM:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District/Business Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS:**

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

Page 2 of 2

EMPLOYMENT REFERENCE

Once Part I is completed, it is the applicant's responsibility to provide at least three

references, preferably from former employers. If there is limited or no prior work experience, written

character references from non-family members may be provided. Your references must

complete the attached reference form in its entirety OR submit recent, original, signed and

dated letters. Your participation in this process conveys your consent that the evaluator and

Surry County Public Schools are released from liability for using information submitted on your behalf.

**PART 1 – To Be Completed By Applicant**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am applying for the position(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Surry County Public Schools.

Please complete the appropriate evaluation categories that apply to your knowledge of my background and return to the above address.

**Applicant's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for information pertaining to my work experience and character to be released to Surry County Public Schools, and I release the evaluator and Surry County Public Schools from liability for using this information. I understand that the evaluator will be providing this information on a confidential basis to Surry County Public Schools.

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

**Type of position held by applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Service: From (Mo./Yr.)** \_\_\_\_\_\_\_\_\_\_\_\_\_ **To** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Mo./Yr.)**

**Length of Service** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 1 of 2

Evaluator, please indicate in the spaces below a number for the following scale which describes your comparison of the previously named applicant with known persons of comparable experience. If you do not have such knowledge of the applicant, please write N/A.

**Categories:**

**5** = Excellent **4** = Above Average **3** = Satisfactory **2** = Below Average **1** = Unacceptable

**Personal Characteristics:**

Ability to Work Effectively with Co-workers \_\_\_\_\_

Ability to Work Effectively with Supervisors\_\_\_\_\_

Willingness to Perform as a Team Member\_\_\_\_\_

Attitude/Disposition\_\_\_\_\_

Attendance/Punctuality\_\_\_\_\_

**Assignment Responsibilities:**

Knowledge of Assignment Area\_\_\_\_\_

Maturity of Judgment\_\_\_\_\_

Dependability\_\_\_\_\_

Self-Control\_\_\_\_\_

Ability to Communicate In Written Form\_\_\_\_\_

Ability to Communicate Orally\_\_\_\_\_

Leadership/Initiative\_\_\_\_\_

Efficiency of Routing Responsibilities\_\_\_\_\_

If this applicant were applying to you for a similar position, would you employ them? \_\_\_\_\_\_\_\_\_

Length of time under your supervision (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME AND TITLE OF PERSON COMPLETING FORM:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District/Business Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS:**

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

Page 2 of 2

EMPLOYMENT REFERENCE

Once Part I is completed, it is the applicant's responsibility to provide at least three

references, preferably from former employers. If there is limited or no prior work experience, written

character references from non-family members may be provided. Your references must

complete the attached reference form in its entirety OR submit recent, original, signed and

dated letters. Your participation in this process conveys your consent that the evaluator and

Surry County Public Schools are released from liability for using information submitted on your behalf.

**PART 1 – To Be Completed By Applicant**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am applying for the position(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Surry County Public Schools.

Please complete the appropriate evaluation categories that apply to your knowledge of my background and return to the above address.

**Applicant's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for information pertaining to my work experience and character to be released to Surry County Public Schools, and I release the evaluator and Surry County Public Schools from liability for using this information. I understand that the evaluator will be providing this information on a confidential basis to Surry County Public Schools.

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

**Type of position held by applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Service: From (Mo./Yr.)** \_\_\_\_\_\_\_\_\_\_\_\_\_ **To** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Mo./Yr.)**

**Length of Service** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 1 of 2

Evaluator, please indicate in the spaces below a number for the following scale which describes your comparison of the previously named applicant with known persons of comparable experience. If you do not have such knowledge of the applicant, please write N/A.

**Categories:**

**5** = Excellent **4** = Above Average **3** = Satisfactory **2** = Below Average **1** = Unacceptable

**Personal Characteristics:**

Ability to Work Effectively with Co-workers \_\_\_\_\_

Ability to Work Effectively with Supervisors\_\_\_\_\_

Willingness to Perform as a Team Member\_\_\_\_\_

Attitude/Disposition\_\_\_\_\_

Attendance/Punctuality\_\_\_\_\_

**Assignment Responsibilities:**

Knowledge of Assignment Area\_\_\_\_\_

Maturity of Judgment\_\_\_\_\_

Dependability\_\_\_\_\_

Self-Control\_\_\_\_\_

Ability to Communicate In Written Form\_\_\_\_\_

Ability to Communicate Orally\_\_\_\_\_

Leadership/Initiative\_\_\_\_\_

Efficiency of Routing Responsibilities\_\_\_\_\_

If this applicant were applying to you for a similar position, would you employ them? \_\_\_\_\_\_\_\_\_

Length of time under your supervision (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME AND TITLE OF PERSON COMPLETING FORM:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District/Business Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS:**

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

Page 2 of 2