



CALHOUN COUNTY SCHOOLS

Office of The Superintendent
540 Alan B. Mollohan Drive
Mt. Zion, W.V. 26151

APPLICATION FOR EMPLOYMENT PROFESSIONAL EDUCATOR

PLEASE COMPLETE ALL SECTIONS
PLEASE PRINT

(OFFICE USE ONLY – DO NOT COMPLETE)

Date Received _____	Date Fingerprinted _____
Interview Date _____	Date Results Received _____

It is the responsibility of the applicant to communicate all relevant information concerning the applicant's qualifications.

I. JOB INTEREST

Position for which you are applying: _____
Job Number from Posting: _____
Date available for employment: _____
Do you wish to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Substitute Location: _____

II. PERSONAL INFORMATION

Name in full: _____
(Last) (First) (Middle)
Present address: _____
(Street) (City)
(State) (Zip Code) Phone _____
Email Address _____ Cell Phone _____

If related to anyone employed by Calhoun County Schools, state name, position, location, and relationship:

Please include a résumé, official transcript and certification with application for employment.

Have you ever been employed by Calhoun County Schools? _____ Yes _____ No
If yes, where and when: _____ If
under another name, please indicate: _____
How were you referred to us: _____

III. CRIMINAL RECORD CHECK STATEMENT

A criminal record check by fingerprinting is required by West Virginia State Law prior to employment by Calhoun County Schools. Failure to truthfully answer these application questions will result in denial of employment.

Have you ever been convicted of a felony or misdemeanor? (You may omit: ① offenses committed before eighteenth birthday and adjudicated under a juvenile law; ② offenses as to which the record has been expunged; ③ minor traffic violations.) _____ Yes _____ No

NOTE: AN AFFIRMATIVE ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT

If your answer is yes, give the following information:

Police Department or Court: _____

Charge: _____

Disposition: _____

IV. CERTIFICATION AND QUALIFICATIONS

Do you have a valid West Virginia Teaching Certificate for the position you have requested?

Yes No Exact title of certificate _____ Expiration date _____

Endorsements: _____ Do you hold a valid certificate in a state other than West Virginia? _____ Yes _____ No

If so, where? _____

Endorsement on certificate _____ Expiration date _____

Are you a United States Citizen? _____ Yes _____ No

If no, do you possess lawful authorization to work in the United States? _____ Yes _____ No

V. EDUCATIONAL AND PROFESSIONAL TRAINING

COLLEGE WORK RESULTING IN DEGREE

NAME AND ADDRESS	DATES ATTENDED		GRADUATION		SUBJECTS		GPA
	FROM	TO	DATE	DEGREE	MAJOR	MINOR	

STUDENT TEACHING

FROM		TO		SCHOOL	LOCATION TOWN OR CITY	STATE	GRADE AND/OR SUBJECT
Month	Year	Month	Year				
Name of Cooperating Teacher							
Name of Cooperating Teacher							

SPECIAL TRAINING NOT INCLUDED IN DEGREE WORK ABOVE

NAME AND ADDRESS OF INSTITUTION/TRAINING PROGRAM	YEAR ATTENDED	SUBJECTS	CREDIT EARNED	TIME IN YEARS

VI. TEACHING EXPERIENCE

List experience in reverse chronological order.

INCLUSIVE DATES		POSITION	NAME OF SCHOOL CITY AND STATE	GRADES OR SUBJECTS	FULL OR PART- TIME	REASON FOR LEAVING
FROM	TO					

Total Number of years of teaching experience _____

VI. WORK EXPERIENCE – Include military experience.

NAME OF FIRM	ADDRESS	TYPE OF POSITION	FROM		TO	
			MONTH	YEAR	MONTH	YEAR

List dates and reasons for any gaps in employment experience you listed over a one-month period.

VII. PROFESSIONAL AND LEADERSHIP ACTIVITIES

List membership and involvement in professional organizations and activities. Include special awards, offices held, etc.

VIII. PRESENT STATUS

Are you employed now? _____ Position? _____ Salary Range? _____

By whom? _____ Where? _____

If not employed, why did you leave your last position? _____

X. REFERENCES

List below names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. If you have not taught previously, include the names of cooperating teachers, college or university supervisors, and building principals who were associated with your student teaching.

NAME	POSITION	COMPLETE MAILING ADDRESS REQUIRED (Including Zip Code, Phone and Email)

XI. CONCLUDING QUESTIONS

Please respond to all questions in your handwriting. Respond to all questions with a complete statement. If more space is needed, please attach additional pages.

1. Why do you want to work as an educator in this particular setting?

2. What do you consider to be your major strengths?

3. How would you help a student who is having difficulty learning?

**AGREEMENT
AND
AUTHORITY FOR RELEASE OF INFORMATION**

I hereby make application for a position with Calhoun County Schools and certify that the information given in this application is true and accurate to the best of my knowledge.

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies and other individuals and agencies. I also understand that falsification or misrepresentation in this or any other personnel record can result in my dismissal if I am employed by Calhoun County Schools.

Signature _____ Date _____

As required by federal laws and regulations, the Calhoun County Board of Education does not discriminate on the basis of sex, race, color, religion, handicapping condition, marital status, or national origin in employment or its educational programs and activities.

Inquiries may be referred to: **Title IX and Section 504 Coordinator**
Calhoun County Board of Education
540 Alan B Mollohan Drive
Mt. Zion, W.V. 26151

Note: State and federal laws include Title IX, Educational Amendment of 1972; Title VI, Civil Rights Act of 1964; Title VII, Civil Rights Act of 1973; Section 504; and other State or Federal laws governing students and employees.