Monroe County Schools

P. O. Box 330/Willow Bend Road Union, WV 24983 Phone: 304-772-3094/Fax: 304-772-5020

Application for Professional Employment

Name	First	Middle	Loot	
	FIRST	Middle	Last	
esent Address:			Telephone:	
			Social Security # _	
Professional/1	Teaching Cert	ificates Held (Include (Specializations and Gr	ade Levels)
Educational P	reparation:			
List college/uni	versity attende	d, degree and date of g	raduation:	
College/Unive	rsity	Degree Earned	Graduation Date	GPA
Disco list on		nighted tesinings		
Please list any	relevant spe	cialized training:		
				
				
Student Teach	ning Experienc	ce:		
School	Addre	ess Subj	ect Supervising	Teacher
School	Addre	ess Subj	ect Supervising	Teacher

6.	Do you plan to pursue advanced studies? If so, please explain:							
7.	Teaching/Profess	sional Experience (Please	list in Chronological Or	der)				
	School	District Address/Telephone	Position/Grade/ Subject	Dates From To				
	1,000							
Note:	Please make sure that a copy of your transcript and all teaching certificates are sent to Monroe County Schools. Transcripts should be kept on file for future employment transfers as well.							
8.	Were evaluations at your previous employment satisfactory? (These may need to be produced upon the request for an interview) Explain:							
9.	Have you ever been convicted of a misdemeanor, felony or had your teaching certificate revoked in another state? If so, explain.							
10.	Professional and	Character References (Ot	her than relatives)					
	Name	Position	Address	Telephone				
		1						
11.	When are you available for employment?							
12.	Would you be available for an interview?							
13.	Are you a citizen of the United States?							

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Authenticity of Information Provided

Additionally of lines	mation i lovide	Ju	
affect my chances for employment and that to the best of my knowledge. I further certify personally completed this application. I und material fact on this application or on any of shall be grounds for rejection of this applica employed, regardless of the time elapsed be as an applicant may be subject to disclosure West Virginia Freedom of Information Act.	the answers giver y that I, the under lerstand that any ther document use tion or for immed fore discovery. I in response to a	n by me are true a signed applicant, omission or missed to secure emplate discharge if lunderstand that request made und that this applications.	nd correct have statement of loyment am ny identity der the sation, when
Signature of applicant		Date	· · · · · · · · · · · · · · · · · · ·
Authorization a	nd Release		•
present and former employers, schools, law including all entities which have information evaluations, plans of improvement, documer rehire, special training and education to furn	enforcement ager relating to my em ntation of disciplin ish a representati	ncies, governmen ployment history nary action, reaso ve of the Board o	t agencies, , ons for non- f Education
County of Monroe and any person or entity repursuant to this Authorization and Release a agents from claims arising out of or in any codisclosure of information as authorized by the	esponding to a re nd their members onnection with the is Authorization a	quest for informa , officers, employ eir legitimate gath and Release. I ag	tion rees and nering or
ant's Name	Social Secu	rity Number	
ant's Signature	Date	J	
ss Signature	Date:	J	
	I hereby certify that I have not knowingly win affect my chances for employment and that to the best of my knowledge. I further certification to the best of my knowledge. I further certification or on any of shall be grounds for rejection of this application or on any of shall be grounds for rejection of this application and applicant may be subject to disclosure west Virginia Freedom of Information Act. It is submitted, shall become the property of the submitted and former employers, schools, law including all entities which have information evaluations, plans of improvement, documer rehire, special training and education to furn of the County of Monroe with any and all information, special training and education to furn of the County of Monroe and any person or entity repursuant to this Authorization and Release and agents from claims arising out of or in any or disclosure of information as authorized by the copy of this document may be accepted with eart's Name	I hereby certify that I have not knowingly withheld any informatifect my chances for employment and that the answers giver to the best of my knowledge. I further certify that I, the under personally completed this application. I understand that any material fact on this application or on any other document us shall be grounds for rejection of this application or for immed employed, regardless of the time elapsed before discovery. I as an applicant may be subject to disclosure in response to a West Virginia Freedom of Information Act. Finally, I understar submitted, shall become the property of the Monroe County B Signature of applicant Authorization and Release I hereby authorize and request any person or other entity, incl present and former employers, schools, law enforcement agei including all entities which have information relating to my emevaluations, plans of improvement, documentation of discipling rehire, special training and education to furnish a representation of the County of Monroe with any and all information and copi possession regarding me. By signing below, I hereby release and hold harmless the Boal County of Monroe and any person or entity responding to a repursuant to this Authorization and Release and their members agents from claims arising out of or in any connection with the disclosure of information as authorized by this Authorization acopy of this document may be accepted with the same authorizant's Name Social Secularity Signature Date	Authorization and Release I hereby authorize and request any person or other entity, including, but not limpresent and former employers, schools, law enforcement agencies, government including all entities which have information relating to my employment history evaluations, plans of improvement, documentation of disciplinary action, reason rehire, special training and education to furnish a representative of the Board of the County of Monroe with any and all information and copies of records in the possession regarding me. By signing below, I hereby release and hold harmless the Board of Education of County of Monroe and any person or entity responding to a request for information pursuant to this Authorization and Release and their members, officers, employ agents from claims arising out of or in any connection with their legitimate gath disclosure of information as authorized by this Authorization and Release. I agroup of this document may be accepted with the same authority as an original. Social Security Number

Monroe County Schools is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title VI, Title IX and Section 504.

For information regarding civil rights or grievance procedures, contact Ronald V. Whetzel, Title IX Coordinator/Section 504 Coordinator, at the Monroe County Board of Education Office, Post Office Box 330, Union, West Virginia, 24983 (1-304-772-3094). In addition, information regarding services, activities and facilities that are accessible to and usable by handicapped persons can be obtained at the same above address.

Monroe County Schools offers equal opportunity to its employees and applicants for employment without regard to race, color, religion, national origin, disability, veteran status, sex, or age (except where sex or age is a bona fide occupational qualification).

This applies to recruiting, employment, transfer and promotion in all positions.