



Scott County Public School Head Start

305 Legion Street
Weber City, VA 24290
276-386-6051

www.scottcountyheadstart.org

POSITION APPLIED FOR:

EHS Teacher

Application for Employment

Name _____ Home Phone _____
Last First Middle

Address _____ Cell Phone _____
Business Phone _____

Please Check Language(s) Spoken: _____ English _____ Spanish _____ Other

EDUCATION

Highest Grade Completed: _____

Name and Location of High School _____ Year Graduated _____

If you did not complete high school, do you have a High School Equivalency Diploma? Yes Date Rec'd _____

Number of years of education past high school: _____

Name of Institute	Degree	Major	Dates Attended

- If you expect to complete an educational program in the near future, please indicate what type of degree or program and your expected completion date: _____
- Please describe any special skills related to child care of children below age 3: _____

- Please describe any work or volunteer experience related to teaching children below age 3: _____

EXPERIENCE

Starting with your most recent job, describe all paid and military positions. Use additional pages if necessary.

Job Title: Employer: Immediate Supervisor: Phone: Dates of Employment: From _____ To _____ Full-Time Part-Time Hours Per Week _____ May we contact employer for reference? _____	Job Duties:
Job Title: Employer: Immediate Supervisor: Phone: Dates of Employment: From _____ To _____ Full-Time Part-Time Hours Per Week _____ May we contact employer for reference? _____	Job Duties:

- Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills. If bilingual, please indicate level of fluency and translation experience:

REFERENCES:

List names, addresses, and relationships to you of at least three people (not related to you) whom we may contact for information about your qualifications for this position.

Name: _____ Title: _____ Company: _____ Email: _____ Phone: _____ Relationship To You: _____	Name: _____ Title: _____ Company: _____ Email: _____ Phone: _____ Relationship To You: _____
Name: _____ Title: _____ Company: _____ Email: _____ Phone: _____ Relationship To You: _____	Name: _____ Title: _____ Company: _____ Email: _____ Phone: _____ Relationship To You: _____

MISCELLANEOUS: Have you ever been convicted of an offense (excluding minor traffic violations) YES NO

APPLICANT SIGNATURE: _____ DATE: _____