

FRED W. EBERLE TECHNICAL CENTER
 208 MORTON AVENUE, BUCKHANNON, WV 26201
 (304) 472-1259 FAX (304) 472-3418

APPLICATION FOR PROFESSIONAL EMPLOYMENT

1. Complete and return this application (REQUIRED)
2. Provide resume and letter of application (REQUIRED)
3. Provide verification of teaching experience, if applicable
4. Provide most recent evaluation, if available
5. You will be contacted if an interview is needed
6. Applications are kept on file for one year

P E R S O N A L	LAST NAME	FIRST	MIDDLE			
	PRESENT ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)	(PHONE)
	PERMANENT ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)	(PHONE)
	POSITION(S) APPLYING FOR			SOCIAL SECURITY NUMBER		
	<input type="checkbox"/> TEACHING <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> OTHER					
	HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OR BEEN EMPLOYED BY FRED W. EBERLE TECHNICAL CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN? _____					
	ARE YOU UNDER CONTRACT WITH ANOTHER SCHOOL SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE DATE: _____					
	WOULD YOU CONSIDER EMPLOYMENT AS A SUBSTITUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN A TEACHING/ADMINISTRATIVE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENCLOSE FULL EXPLANATION					
	ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
TITLE OF POSITION APPLYING FOR: _____ TYPE OF POSITION APPLYING FOR: _____						

C E R T I F I C A T E	WEST VIRGINIA CODE REQUIRES ALL TEACHERS TO HOLD A VALID CERTIFICATE AT THE GRADE LEVEL AND SUBJECT AREA FOR THE TEACHING ASSIGNMENT, IT IS THE RESPONSIBILITY OF THE APPLICANT TO OBTAIN CERTIFICATION.					
	DO YOU HOLD A VALID WEST VIRGINIA TEACHING CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPIRATION DATE: _____					
	HAS YOUR TEACHING LICENSE EVER BEEN DENIED, SUSPENDED, OR REVOKED FOLLOWING ALLEGATIONS OF MISCONDUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENCLOSE FULL EXPLANATION					
	DO YOU HOLD A VALID TEACHING CERTIFICATE IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IDENTIFY STATE(S)					
	WHAT ARE YOUR TEACHING ENDORSEMENTS AND GRADE LEVELS?					
	IF APPLICABLE, WHAT IS YOUR CURRENT SALARY CLASSIFICATION: ___AB ___AB+15 ___MA ___MA+15 ___MA+30 ___MA+45 ___PhD					
	IF APPLICABLE, SUBMIT COPY OF TEACHING CERTIFICATE(S) WITH APPLICATION.					

E D U C A T I O N A L T R A I N I N G	HIGH SCHOOL(S) ATTENDED	NAME AND ADDRESS OF INSTITUTION				DIPLOMA
	COLLEGE(S) ATTENDED	NAME AND ADDRESS OF INSTITUTION	MAJOR	MINOR	DATES ATTENDED	DEGREE
	SUBMIT COPIES OF COLLEGE TRANSCRIPTS WITH APPLICATION					
	RELEVANT SPECIALIZED TRAINING					

T E A C H I N G E X P E R I E N C E	BEGINNING WITH YOUR CURRENT/LAST POSITION, LIST IN CHRONOLOGICAL ORDER ALL TEACHING POSITIONS HELD					
	1	SCHOOL				Telephone ()
		ADDRESS				EMPLOYED (MONTH & YEAR) FROM TO
		PRINCIPAL OR SUPERVISOR				REASON FOR LEAVING
		DESCRIBE ASSIGNMENT (GRADE LEVEL), SUBJECTS TAUGHT, ETC.				
	2	SCHOOL				Telephone ()
		ADDRESS				EMPLOYED (MONTH & YEAR) FROM TO
		PRINCIPAL OR SUPERVISOR				REASON FOR LEAVING
		DESCRIBE ASSIGNMENT (GRADE LEVEL), SUBJECTS TAUGHT, ETC.				
	3	SCHOOL				Telephone ()
		ADDRESS				EMPLOYED (MONTH & YEAR) FROM TO
		PRINCIPAL OR SUPERVISOR				REASON FOR LEAVING
		DESCRIBE ASSIGNMENT (GRADE LEVEL), SUBJECTS TAUGHT, ETC.				
WE MAY CONTACT EMPLOYERS UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.		DO NOT CONTACT EMPLOYER NUMBER(S): _____			TOTAL NUMBER OF YEARS OF TEACHING EXPERIENCE	
		REASON _____			TOTAL YEARS	

BEGINNING WITH YOUR CURRENT/LAST POSITION, LIST OTHER FULL-TIME POSITIONS IN CHRONOLOGICAL ORDER AND INCLUDE MILITARY SERVICE.		
WORK EXPERIENCE	1	COMPANY _____ Telephone ()
		ADDRESS _____ EMPLOYED (MONTH & YEAR) FROM TO
		IDENTIFY JOB TITLE AND DESCRIBE WORK _____ REASON FOR LEAVING _____
	2	COMPANY _____ Telephone ()
		ADDRESS _____ EMPLOYED (MONTH & YEAR) FROM TO
		IDENTIFY JOB TITLE AND DESCRIBE WORK _____ REASON FOR LEAVING _____
	3	COMPANY _____ Telephone ()
		ADDRESS _____ EMPLOYED (MONTH & YEAR) FROM TO
		IDENTIFY JOB TITLE AND DESCRIBE WORK _____ REASON FOR LEAVING _____
WE MAY CONTACT EMPLOYERS UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.		DO NOT CONTACT EMPLOYER NUMBER(S): _____ REASON _____
		TOTAL NUMBER OF YEARS OF TEACHING EXPERIENCE _____ TOTAL YEARS

REFERENCES	NAME/POSITION OR TITLE	MAILING ADDRESS	TELEPHONE
PLEASE MARK WITH AN ASTERISK ANY REFERENCE LISTED TO WHOM YOU ARE RELATED.			

BACKGROUND CHECKS	A criminal record check by fingerprinting is required for employment by Fred W. Eberle Technical Center. Failure to truthfully answer these application questions will result in denial of employment. If you answer yes to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems and all/any other information that explains the circumstances in detail.		
	1.	Have you ever had adverse action taken against any application, certificate or license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, suspension, or discharge from any employment because of allegations of misconduct?	() YES () NO
	2.	Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?	() YES () NO
	3.	Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?	() YES () NO
	4.	Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?	() YES () NO
	5.	Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*	() YES () NO
	6.	Have you ever been arrested, charged with or convicted of a misdemeanor? (For the purpose of this application, minor traffic violations should not be reported.) Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.*	() YES () NO
*For a YES response to items 5 & 6, the following must be included for all charges, including those that have been dismissed or expunged: 1. Judgement Order; OR 2, Final Order; OR 3 Magistrate Court Documentation; AND 4. All other relevant court documentation. NOTE: An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.			

Q U E S T I O N S	IN YOUR OWN HANDWRITING, RESPOND TO EACH QUESTION. IF MORE SPACE IS NEEDED, USE ADDITIONAL PAGES AND ENCLOSE WITH APPLICATION
	DO YOU BELIEVE ALL CHILDREN CAN LEARN? WHY OR WHY NOT?
	IN WHAT WAYS SHOULD A TEACHER BE A ROLE MODEL FOR CHILDREN?

S I G N A T U R E	THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE. 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 UNDERSTAND IF I AM EMPLOYED ANY MISSTATEMENT OR OMMISION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.			
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_____	_____			
DATE	SIGNATURE			

W A I V E R	I HEREBY RELEASE ANY AFORMENTIONED PERSONS, CORPORATORS, AGENCIES, ASSOCIATIONS AND THEIR EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ANY AND ALL LIABILITY FOR DAMAGES RESULTING FROM A DECISION BY UNITED TECHNICAL CENTER NOT TO EMPLOY ME ON THE ACCOUNT OF COMPLIANCE WITH ANY REFERENCE REQUEST.			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">DATE</td> <td style="text-align: center;">SIGNATURE</td> </tr> </table>	_____	_____	DATE
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As required by federal laws and regulations, Fred W. Eberle Technical Center Administrative Council does not discriminate on the basis of sex, color, race, religion, disability, age, and national origin in employment and in the administration of any of its education programs and activities For inquiries contact: Rebecca Bowers-Call, Title IX Director and 504 Coordinator, 208 Morton Avenue, Buckhannon, WV 26201, 304.472.1259 or rebecca.bowers@k12.wv.us.