



Summers County Schools
 116 Main Street
 Hinton, WV 25951
 304-466-6000

Date Received: _____
 (Office Use Only)

APPLICATION FOR EMPLOYMENT

Please print or type all sections.

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

If you are applying for a specific, posted position, the applicable documentation must also be submitted.

Last Name:		First:	Middle:	Maiden:	
Present Address:			Home Phone:	Cell:	e-mail:
City:	State:	Zip Code:	Social Security Number:		
Title of Position Applying For:					
Type of Position Applying For: <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Substitute <input type="checkbox"/> Volunteer					
Have you ever been employed with the Summers County Board of Education: <input type="checkbox"/> Yes <input type="checkbox"/> No			Other name(s) on record:		
If yes, explain. Where?		When?			
Are you under contract to another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Have you ever been employed in another West Virginia school system? If yes, when and where?					
Have you ever been dismissed or asked to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose full explanation.					
Do you have any physical limitations that would affect your ability to perform the functions of the job(s) for which you have applied? Yes No If "yes", please identify the limitations					
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, do you possess lawful authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EDUCATION					
What is your highest level of education attained?					
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree (AB/BA/BS) <input type="checkbox"/> Bachelor's+15 addl. semester hrs.					
<input type="checkbox"/> Master's Degree (MA/MS) <input type="checkbox"/> Master's+15 additional semester hrs. <input type="checkbox"/> Master's+30 additional semester hrs. <input type="checkbox"/> Doctorate					
List all institutions attended and degrees received:					
*Teaching Applicants must attach official transcripts from all colleges/universities attended.					
(Professional Applicants Only) What is your WV certification/licensure? Please attach certificates License Type Endorsement					
Area(s)		Grade Level(s)			
<input type="checkbox"/> Permit					
<input type="checkbox"/> Authorization					
<input type="checkbox"/> Certificate					
Do you hold a valid Teaching Certificate or any other license or certification in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No Years, Type, Expiration:					
Total amount of teaching experience		Year(s)		Check if none <input type="checkbox"/>	
If previously employed in a WV school system, what are the overall results of your previous two evaluations?					
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Name of County			



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Beginning with your current/last position, list in chronological order your work experience. (Attach additional pages if needed.)

Position/Title	Address/Location	Dates	Supervisor Name	Phone

REFERENCES		
Name/Position or Title	Mailing Address	Phone

BACKGROUND CHECK

A criminal record check by fingerprinting is required for employment by the West Virginia Department of Education. 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(s) 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, denial, suspension, revocation, voluntary surrender or cancellation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been disciplined, reprimanded, suspended or discharged from any employment because of allegations of misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever resigned, entered into a settlement agreement or otherwise left employment as a result of alleged misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any action now pending against you for alleged misconduct in any school district, court or before any educator licensing agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*	<input type="checkbox"/> Yes <input type="checkbox"/> 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.*	<input type="checkbox"/> Yes <input type="checkbox"/> 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) Judgment 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.

SIGNATURE

The information provided in this application for employment 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 that if I am employed, any misstatement or omission of fact on this application may result in my dismissal.

Date: _____ Applicant Signature: _____

DISCRIMINATION PROHIBITED

As required by Federal laws and regulations, the Summers County Board of Education does not discriminate on the basis of sex, race, color, religion, disability, age and national origin in employment and in the administration of any of its educational programs and activities. Inquiries may be directed to Dr. Linda Knott, Title IX and Section 504 Coordinator, Summers county Board of Education, 116 Main Street, Hinton WV 25951, phone 466-6006; to the State Elimination of Sex Discrimination Project Coordinator, phone 558-7864; or to the U.S. Department of Education's Director of the Office for Civil Rights 1-800-421-3481.



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Has your teaching license ever been denied, suspended or revoked following allegations of misconduct? Yes No
If yes, enclose full explanation and documentation.

SUMMERS COUNTY BOARD OF EDUCATION

DRUG-FREE WORKPLACE AND EMPLOYEE DRUG TESTING POLICY

Individuals who have received an offer of employment in a safety-sensitive position, as that term is herein defined, must report within forty-eight (48) hours of receiving this policy to a WV Drug testing laboratory of their choice to be tested for the following drugs:

- Screens with cutoff levels:
- Alcohol (20 mg/4ml)
 - Amphetamines (1000 ng/mL)
 - Barbiturates (200 ng/mL)
 - Benzodiazepines (200 ng/mL)
 - Cannabinoids (50 ng/mL)
 - Cocaine (300 ng/mL)
 - Opiates (150 ng/mL)
 - Methadone (300 ng/mL)
 - Oxycodone (100 ng/mL)
 - PCP (25 ng/mL)
 - Propoxyphene (300 ng/mL)

Failure to submit for drug testing within forty-eight (48) hours shall result in revocation of the offer of employment.

I request Email notification of actual results be sent to the following secure email address:
krodes@k12.wv.us

Signature of prospective employee:

Date and time:

*A copy of this signature page shall be provided to the prospective employee
The prospective employee is responsible for payment of drug test*

126CSR99

West Virginia Department of Education
Application for Bus Operator Certification

Instructions for applicant: Submit this application to the County Transportation Director
Instructions for County Transportation Director: Submit this application with a (Form 7) Release of Information form to the WVDE in order to receive FBI/WVSP reports for applicant.

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Cell Phone Number	Email Address	
Date of Birth	Social Security Number	Operator/CDL License Number	

Employment History

Employer Name and Address	Date of Employment (From/To)	Reason for Leaving

Do you have a High School Diploma or a GED?
YES _____ NO _____

Do you have a current CDL license? If so, list the state.
YES _____ NO _____ STATE _____

Do you currently have a valid operator license? If so, list the state.
YES _____ NO _____ STATE _____

LIST ALL TRAFFIC VIOLATIONS WITHIN PAST FIVE (5) YEARS

ALL moving violations must be reported. This includes: charges or convictions of driving while intoxicated (DWI), driving under the influence of alcohol or drugs (DUI) and reckless driving.

Violation	Location	Date
Violation	Location	Date
Violation	Location	Date
Violation	Location	Date
Violation	Location	Date

*Attach additional sheets if necessary

DISCLOSURE OF BACKGROUND INFORMATION

*If you answer "YES" to any question below, submit a detailed explanation of incident and include dates, locations, school systems and any other pertinent information.

1. Have you ever had adverse action taken against any application, certification or license in any state, including operator or commercial driver's license? Adverse action includes: letters of warning, reprimand, denial, suspension, revocation, voluntary surrender or cancellation.	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 charged of, arrested for or under indictment for a felony?***	YES	NO
6. Have you ever been charged with or arrested for a misdemeanor?***	YES	NO

***For a YES response to questions #5 and/or #6, the following must be included with this application: 1) Judgment Order OR 2) Final Order OR 3) Magistrate Court Documentation AND 4) all other relevant documentation.

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions of fact in or with this application are grounds for denial, suspension or revocation of the certification (s) or license(s) that I am seeking or currently hold.

Signature of Applicant

Date



West Virginia DEPARTMENT OF
EDUCATION

West Virginia Dept of Education
Office of School Operations
1900 Kanawha Boulevard, East
Building 6, Room 318
Charleston, WV 25305

Rev202008

Form 7—Release of Information

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Consent Agreement

For Purposes of Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System. I certify that this is for official business and I am authorizing the WVDE to obtain any record found. I hereby authorize any representative of the WVDE bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the WVDE. Consent is granted for the WVDE to furnish such information as is described above, to third parties in the course of the WVDE fulfilling its official responsibilities with regard to my application for certification. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Printed Full Legal Name

Current Address

Signature

Date

Verification of Notary Public

West Virginia _____

State

_____ County

Taken, Subscribed and Sworn Before Me this _____ Day of _____, 20_____.

My Commission Expires _____.

Signature of Notary Public

Release of Information to County Board of Education

Check this box to release the results of the WV State Police criminal history background check to a county board of education for purposes of employment.

I understand according to W. Va. Code §18A-3-10, upon my written consent to the WVDE and **within ninety (90) days** of the State Police fingerprint analysis that the results of said analysis may be provided to a county board of education with which I am applying for employment without further cost to me. I understand that if I do not consent, I will have to undergo an additional state check for employment as per W. Va. Code §18-5-15c and I may be responsible for the cost of the background check.

APPLICANT INITIAL HERE:

County Request for Criminal Identification Bureau Results

_____ County Board of Education is requesting that the results from the CIB be forwarded to this office if the applicant has undergone a background check for initial licensure within the last ninety (90) days and has consented to their release.

Name of Individual

Social Security Number

Signature of Superintendent OR ESC Coordinator

Date

Requirement

According to W. Va. Code §18-A-3-10, any applicant for an initial license issued by the West Virginia Department of Education (WVDE) shall be fingerprinted by the West Virginia State Police in accordance with West Virginia Board of Education Policy 5202 in order to determine the applicant's suitability for licensure. The fingerprints shall be analyzed by the State Police for a state criminal history record check through the central abuse registry and then forwarded to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for just cause. The applicant for initial certification pays for the cost of obtaining the central abuse registry record and the FBI record. Upon written consent to the WVDE by the applicant and within ninety days of the state fingerprint analysis, the results of a state analysis may be provided to a county board with which the applicant is applying for employment without further cost to the applicant. Information maintained by the WVDE or a county board of education which was obtained for the purpose of the criminal history check is exempt from the disclosure provisions of chapter twenty-nine-B of West Virginia Code. Nothing in this section prohibits disclosure or publication or information in a statistical or other form which does not identify the individuals involved or provide personal information.

Service Name: Department of Education – Bus Driver

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

228NTN

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Federal ID Card with a seal or logo from a Federal agency
- Government ID Card with a seal or logo from local government agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card / Green Card (I-551)
- Merchant Mariner Card (MMD)
- Military ID Card
- Passport Book or Card
- Enhanced Tribal Card (ETC)
- Visa
- Uniformed Services Identification Card (Form DD-1172-2)



Don't have access to the Internet? You can still schedule an appointment by calling 855-766-7746

I _____ hereby provide consent to Summers County Schools to conduct a limited query of the FMCSA (Federal Motor Carrier Safety Administration) Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent will be used for the duration of my employment with Summers County Schools as required by the FMCSA yearly checks. If for any reason, Summers County Schools request a query, this will serve as a consent.

I understand that if the limited query conducted by Summers County Schools indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Summers County Schools without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Summers County Schools to conduct a limited query of the Clearinghouse, Summers County must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

SIGNATURE

DATE