



Application for Non-FCPS Employees 2011 Special Education Summer Learning Program Support Application

<p>Non-FCPS Employees, Substitute Teachers, Former Summer School Employees, and Hourly Employees: Complete this application, a resume providing education/training and previous work experience, plus two (2) <u>signed</u> letters of reference dated within the last year. Mail, Pony, fax, or hand deliver the packet to: Linda Beuhring, Summer Learning Specialist, Office of Employment Services, Gatehouse Administration Center, 8115 Gatehouse Road, Falls Church, VA 22042 Phone: 571-423-3163; Fax: 571-423-3167.</p>	<p>PLEASE NOTE: If an applicant is not assigned to a preferred site, his/her name will be placed in a general pool for consideration. Late applications will be considered only as vacancies occur. Verification of the receipt of your application will be sent by Pony or USPS mail. Please save a copy of this application and all other documents you send to the Department of Human Resources.</p>
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<p>Please type or print using black ink.</p> <p>Name:(Last, First) _____</p> <p>Street Address _____</p> <p>City _____ State ____ Zip Code _____</p> <p>E-mail Address _____</p>	<p><i>(Completion of SSN is optional.)</i></p> <p>SSN _____ FCPS ID Number _____</p> <p>Home Telephone _____</p> <p>Work/Daytime/Cell Telephone _____</p> <p>Current Position _____</p>
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**Application Deadline: Open Until Filled
Preference given to applications received prior to February 18, 2011**

<p>Number Years Experience in FCPS _____</p> <p>Number of Years in FCPS Summer School _____</p> <p>Position Held _____</p> <p>Using the codes found on the Special Education Support Position Codes web page, indicate up to three (3) specific positions preferred. Use a separate code for each position.</p> <p>Choices: 1st _____ 2nd _____ 3rd _____</p> <p>PREFERRED SITES: Use the listings found on the Summer Learning Site Locations web page:</p> <p>1 st Choice _____</p> <p>2nd Choice _____</p> <p>3rd Choice _____</p> <p>Current Status:</p> <p><input type="checkbox"/> Current Employee <input type="checkbox"/> Retiree Applicant</p> <p><input type="checkbox"/> New to FCPS <input type="checkbox"/> Substitute or Non-FCPS Employees</p>	<p>EDUCATIONAL BACKGROUND:</p> <p>Name of high school or college: _____</p> <p>Highest level of completion (please list degree if applicable): _____</p> <p>Are you entering or returning to college this fall? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PREVIOUS WORK EXPERIENCE:</p> <p>Position Title _____</p> <p>Name and Address of Employer _____</p> <p>_____</p> <p>Type of Work _____</p> <p>Dates _____</p> <p>PREVIOUS WORK EXPERIENCE:</p> <p>Position Title _____</p> <p>Name and Address of Employer _____</p> <p>_____</p> <p>Type of Work _____</p> <p>Dates _____</p>
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Required: Check appropriate box, sign, and date:

If over 18 years of age, have you ever been convicted of a crime other than misdemeanor traffic violations? Yes No

If "yes," give dates and convictions _____

I understand that if offered a position, MY ACCEPTANCE REQUIRES THAT I BE AVAILABLE FOR THE ENTIRE LENGTH OF THE SUMMER PROGRAM. Any employment offer is contingent on available funding and sufficient student enrollment for the program. I hereby certify that the information provided is complete and true, and I agree to all conditions of employment.

Applicant Signature _____ **Date** _____

Recommendation from the Principal or Program Manager: (Mandatory for contracted FCPS employees and former Summer School employees)

COMMENTS: Please check appropriate box which describes applicant's ability to perform the work for which he/she has applied based on personal observation and/or information obtained from the local school personnel file and/or most recent evaluation.

CHECK ONE : I recommend I recommend with reservation. I do not recommend.

Principal or Program Manager (Please Print)
Signature/Work Location
Date

Department of Human Resources Only:

Program/Course _____ Work Location _____

DHR Summer School Specialist _____ Offer Date _____