



List in order from most recent employment.

<u>Name and Address of Firm</u>	<u>Employed From/To</u>	<u>Position</u>	<u>Supervisor</u>

**IV. REFERENCES**

List name of at least three persons qualified to give information about your training and experience.

<u>Name</u>	<u>Mailing Address (Include City, State, Zip)</u>	<u>Telephone (area code)</u>	<u>Occupation</u>

**V. OTHER INFORMATION**

To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite relationship.

---

My signature authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, or information from other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school division and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all

criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division. (I understand that this position does not have benefits, nor is it covered by Workers Compensation Insurance).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

The following is to be completed by the Principal conducting the Interview:

I have interviewed the above candidate for the position of Non-Teaching Athletic Coach.

\_\_\_\_\_ I recommend this candidate.

\_\_\_\_\_ I do not recommend this candidate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

**BLAND COUNTY PUBLIC SCHOOLS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR AGE IN ITS PROGRAMS AND ACTIVITIES. THE FOLLOWING PERSON HAS BEEN DESIGNATED TO HANDLE INQUIRIES REGARDING THE NON-DISCRIMINATION POLICIES: SUPERVISOR OF SPECIAL SERVICES, BLAND COUNTY SCHOOL BOARD, 361 BEARS TRL., BASTIAN, VA 24314, (276)688-3361.**