

Southeastern Cooperative Educational Programs

SECEP

Human Resource Department

6160 Kempsville Circle, Suite 300 B

Norfolk, Virginia 23502

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

www.secep.net

Social Security Number _____ E-Mail Address _____ OPTIONAL: Date of Birth _____
(Disclosure of your social security number (SSN) is mandatory to obtain services, benefits, or processes that you are seeking.
Solicitation of the SSN by the Department of Human Resources is authorized under the provision of the Social Security ACT)

NAME Last First Middle/Maiden

PRESENT ADDRESS Street/Apt. No. Or P.O. Box City State/ZIP code

PERMANENT ADDRESS Street/Apt. No. Or P.O. Box City State/ZIP code

() () () ()

TELEPHONE Present Cell Permanent Work

My signature below authorizes SECEP to conduct a background investigation and authorizes release of information in connection with my Employment Application. This investigation may include such information as criminal or civil convictions, medical records, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. Effective July 1, 1995, the background investigation will include fingerprinting (Section 22.1-296.2 of the Code of Virginia). I waive my right to access any such information, and without limitation hereby release SECEP 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 the Virginia or other 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, falsely 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 SECEP.

Date _____ Signature of Applicant _____

Position(s) Desired _____ Date Available to Work _____

Re-ED Program: Serves children and adolescents with severe emotional and/or behavioral problems.

- | | |
|---|--|
| <input type="checkbox"/> PRINCIPAL | <input type="checkbox"/> ASSOCIATE TEACHER/COUNSELOR |
| <input type="checkbox"/> LIAISON | <input type="checkbox"/> P.E. TEACHER |
| <input type="checkbox"/> EDUCATION SPECIALIST | <input type="checkbox"/> TEACHER ASSISTANT |
| <input type="checkbox"/> TEACHER/COUNSELOR | <input type="checkbox"/> SUBSTITUTE |

Autistic Children's Program (ACP): Serves children and adolescents who exhibit behaviors associate with autism.

- | | |
|--|---|
| <input type="checkbox"/> PRINCIPAL | <input type="checkbox"/> SPEECH PATHOLOGIST |
| <input type="checkbox"/> EDUCATION SPECIALIST | <input type="checkbox"/> TEACHER |
| <input type="checkbox"/> LIAISON/EVALUATION SPECIALIST | <input type="checkbox"/> TEACHER ASSISTANT |
| <input type="checkbox"/> OCCUPATIONAL THERAPIST | <input type="checkbox"/> SUBSTITUTE |

EBICS Program: Serves students and adolescents who exhibit severe disruptive behavior in addition to the diagnosis of mental retardation.

- | | |
|--|---|
| <input type="checkbox"/> PRINCIPAL | <input type="checkbox"/> SCHOOL COMMUNITY TRAINER |
| <input type="checkbox"/> EDUCATION SPECIALIST | <input type="checkbox"/> TEACHER |
| <input type="checkbox"/> LIAISON/EVALUATION SPECIALIST | <input type="checkbox"/> TEACHER ASSISTANT |
| <input type="checkbox"/> OCCUPATIONAL THERAPIST | <input type="checkbox"/> SUBSTITUTE |

Alternative Education program: Serves students who have been expelled/long-term suspended from middle/high school.

- | | |
|---|--|
| <input type="checkbox"/> PRINCIPAL | <input type="checkbox"/> TEACHER ASSISTANT |
| <input type="checkbox"/> EDUCATION SPECIALIST | <input type="checkbox"/> SUBSTITUTE |
| <input type="checkbox"/> TEACHER | |

REACH Program: Serves children and adolescents with medical challenges in addition to a diagnosis of sever and profound disabilities.

- | | |
|---|--|
| <input type="checkbox"/> PRINCIPAL | <input type="checkbox"/> LIAISON |
| <input type="checkbox"/> EDUCATION SPECIALIST | <input type="checkbox"/> TEACHER ASSISTANT |
| <input type="checkbox"/> TEACHER | <input type="checkbox"/> SUBSTITUTE |

Other Positions:

- | | |
|---|--|
| <input type="checkbox"/> READING SPECIALIST | <input type="checkbox"/> CLERICAL OFFICE SUPPORT |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> CUSTODIAN |

**SECEP IS JOINTLY SPONSORED BY THE PUBLIC SCHOOL SYSTEMS OF:
Chesapeake, Franklin, Isle of Wight, Norfolk, Portsmouth, Southampton, Suffolk, Virginia Beach**

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)							
Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year Graduated	Dates of Attendance From....To	
High School							
College University							
College Transcripts (Official or Unofficial) are Required to Make a Complete Application							
II. STUDENT TEACHING EXPERIENCE – Teacher Applicants (List all chronologically and include any internships)							
Name of School	School Division City/County	State	Grade Level and/or Subject	From (Mo/Yr)	To (Mo/Yr)	Number of Credit Hours	
III. WORK EXPERIENCE (List all chronologically beginning with the most recent)							
Employer	City/County	State	Position/Kind of Work	Salary	From (Mo/Yr)	To (Mo/Yr)	Reason for leaving (use back if needed)
IV. MILITARY EXPERIENCE							
Branch of Service		Occupational Specialty		From (Mo/Yr)	To (Mo/Yr)	Type of Discharge	

V. LICENSURE

- A. Have you been issued a Virginia teaching license? No Yes If yes, enclose a copy.
 Type of VA license held: SPED Conditional Provisional Collegiate Professional
 Postgraduate Professional Pupil Personnel Technical Professional
- Year of expiration of Virginia License _____ Endorsement(s) _____
 Have you applied for a Virginia License? No Yes
 Statement of Eligibility received? No Yes
 If you have applied, but have not received your license, indicate whether you applied through your university or directly with Richmond. Date you applied: _____
- B. Have you been issued a license in another state? No Yes
 State _____ Expiration Date _____ Endorsements _____
 State _____ Expiration Date _____ Endorsements _____
- C. Have you taken the Professional Teacher’s Assessment? (If yes, enclose a copy of scores.)
- VCLA No Yes _____
 Month/Year _____ Reading _____ Writing _____
- VRA No Yes _____
 Month/Year _____ Score _____
- Specialty Area (Praxis II) No Yes _____
 Month/Year _____ Subject Area _____ Score _____

VI. GENERAL INFORMATION

- A. Have you been or are you currently under contract with any of the following Virginia school systems? Yes No (check all that apply)
 Chesapeake Franklin Isle of Wight Norfolk Portsmouth Suffolk Southampton Virginia Beach
- B. Do you have a legal right to employment in the United States? Yes No (If you are offered and accept a position, including substitute, with SECEP, you will be required to produce original documents verifying your right to work in the United States.)
- C. Referral Sources: Advertisement: Internet: Employee College: Other: _____
(Please All Newspaper Teachers.teachers.com Name: Job Fair
that apply) Employment Weekly SECEP Website _____ On-line Posting
 Local Job Fair Other _____ Other: _____
- D. Have you ever been discharged (fired), or asked to resign a former position? Yes No
- E. Have you ever been refused renewal of a teaching contract? Yes No
- F. Have you ever had a certificate or teacher's license revoked or suspended? Yes No
- G. Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child or crime of moral turpitude? Yes No
- H. Have you ever been convicted of a misdemeanor or a felony? You may exclude minor traffic violations but must include DUI, reckless driving and hit and run. Yes No
- I. Are any criminal charges or proceedings pending against you? Yes No
- J. Have you ever had a finding against you by Child Protective Services (CPS)? Yes No

Questions A-J have been answered correctly - _____ (Applicant Initials)

IF THE ANSWER TO QUESTIONS D. THROUGH J. IS YES, GIVE DETAILS: Include date(s) and charge(s)

- K. Are you related to anyone employed by SECEP? Yes No
If yes to question K., give name: _____
- L. Working with special needs students in our programs requires a high level of stamina.
Can you maintain a high stamina level over an extended period of time? Yes No
- M. Can you attend work on a daily basis? Yes No

Why have you chosen the education field for a career?

What are your personal goals?

VII. REFERENCES

It is the applicant's responsibility to have the following information provided to SECEP in order to be considered for employment. THIS APPLICATION WILL NOT BE PROCESSED IF PROFESSIONAL REFERENCES ARE NOT PROVIDED WITH COMPLETE ADDRESSES AND TELEPHONE NUMBERS.

- A. The names of at least three professional sources must be provided and must include current employer if employed, or last employer if currently not employed. References should include supervisory officials.
- B. Applicants with teaching experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the last three years. If experience was not within the past three years, provide references from last contracted experience.
- C. Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and cooperating teachers(s) in their placement file or by listing names below.
- D. References from relatives are not acceptable.

Name of Reference	Position	Address (must include street, city and zip code)	Telephone

VII. CONDITIONS

- 1. This application will remain active for one year from the date of application. A written request to keep the application active must be submitted each year. Change in such things as address, name, or phone number, must be included with any written request to keep the application active.
- 2. All material submitted with this application becomes the property of SECEP.
- 3. All employees, contracted and substitutes, must present the results of a negative tuberculin test within the 12-month period prior to the first day of employment (or approval for substitutes) and provide documentation to verify employment eligibility.
- 4. Copies of transcripts of all college work should accompany this application. Official transcripts mailed directly from the college/university will be required once employment is offered.

Please use this space for any additional comments or to expand on any questions contained in this application.

Thank you for your interest in Southeastern Cooperative Educational Programs
 SECEP
 6160 Kempsville Cr., Suite 300B
 Norfolk, VA. 23502
 757-892-6100 FAX 757-892-6111
WEB SITE: www.secep.net

**SECEP does not discriminate on the basis of race, color,
 national origin, age, religion, political affiliation,
 disability, or sex in its educational programs or employment.**