



FAIRFAX  
COUNTY  
PUBLIC  
SCHOOLS

**2009 IFTA and TECH ADVENTURE CAMP APPLICATION FORM**  
**SUPPORT POSITIONS ONLY**  
**APPLICATION DEADLINE: MARCH 12, 2009**

**COMPLETION OF ALL SECTIONS IS MANDATORY.**

<p><b>FCPS Employees or Former Summer School Employees:</b> Complete this form which must provide education/training, previous work experience and principal or program manager recommendation. Mail, pony, fax or hand deliver to: Department of Human Resources, Summer Learning Programs 8115 Gatehouse Road, Suite 1131, Falls Church, VA 22042 Phone: 571-423-3193 Fax: 571-423-3107</p>	<p><b>Non-FCPS Employees</b> or temporary employees, such as substitute teachers: Complete this form which must provide education/training, previous work experience and two (2) letters of reference dated within the last year. Mail, fax or hand deliver to: Department of Human Resources, Summer Learning Programs, 8115 Gatehouse Road, Suite 1131, Falls Church, VA 22042 Phone: 571-423-3193 Fax: 571-423-3107</p>	<p><b>PLEASE NOTE:</b> If an applicant is not assigned to a preferred site, his/her name will be placed in a general pool for consideration. <b>Late</b> applications will be considered only as vacancies occur. <b>Incomplete</b> applications will not be considered.</p>
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**Please type or print (black ink)** (Completion of SSN is optional.)

Name Last, First: \_\_\_\_\_ SSN: \_\_\_\_\_ FCPS ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Work/Daytime Telephone: \_\_\_\_\_

If Present Employee: Current Work Location : \_\_\_\_\_ Current Position: \_\_\_\_\_

# of Years Experience in FCPS : \_\_\_\_ # of Years Experience in FCPS Summer School: \_\_\_\_ Position Held: \_\_\_\_\_

<p><b>Using codes from the list of support position codes</b>, indicate up to three specific positions preferred. Us a separate code for each position.</p> <p><b>Choices:</b> 1<sup>st</sup> _____ 2<sup>nd</sup> _____ 3<sup>rd</sup> _____</p> <p><b>PREFERRED SITES:</b></p> <p>1st<sup>st</sup> Choice _____</p> <p>2nd Choice _____</p> <p>3rd Choice _____</p> <p><b>Current Status:</b></p> <p>____ Current Employee ____ New to FCPS ____ Substitute or Non-FCPS Employee ____ Retiree Applicant</p>	<p align="center"><b>EDUCATIONAL BACKGROUND</b></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? ____ Yes ____ No</p> <p align="center"><b>PREVIOUS WORK EXPERIENCE</b></p> <table border="0"> <tr> <td>Position Title _____</td> <td>Name and Address of Employer _____</td> </tr> <tr> <td>Type of Work _____</td> <td>_____</td> </tr> <tr> <td>Dates _____</td> <td>_____</td> </tr> <tr> <td>Position Title _____</td> <td>Name and Address of Employer _____</td> </tr> <tr> <td>Type of Work _____</td> <td>_____</td> </tr> <tr> <td>Dates _____</td> <td>_____</td> </tr> </table>	Position Title _____	Name and Address of Employer _____	Type of Work _____	_____	Dates _____	_____	Position Title _____	Name and Address of Employer _____	Type of Work _____	_____	Dates _____	_____
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Type of Work _____	_____												
Dates _____	_____												

I have had successful experience in the following (check any that apply):

\_\_\_\_ Word Processing    \_\_\_\_ WPM    \_\_\_\_ Software integration/network administration

**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's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INFORMATION FROM THE PRINCIPAL OR PROGRAM MANAGER** (For current FCPS employee or former summer school employee)

**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.

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

**DEPARTMENT OF HUMAN RESOURCES USE ONLY**

**Program/Course** \_\_\_\_\_ **Work Location** \_\_\_\_\_

**DHR Summer School Specialist:** \_\_\_\_\_ **Offer Date:** \_\_\_\_\_