

## **APPLICANT WORKSHEET**

## Fairfax County Public Schools Department of Human Resources



## **An Equal Opportunity Employer**

Use this worksheet to gather your information prior to entering it into CareerQuest.								
GENER	AL INFOR	MATION (Plea	ase prin	t)				
E-mail address (if applicable):		·	-	Last 4 digits of Soc	cial Security Number:			
First Name:	Middle I	nitial:	Last N	lame:				
Permanent Street Address:	•							
City:		State:			Zip:			
Telephone Home or Cell: Numbers	or Cell:			Work or Other:				
WORK EXPERIENCE (Begin with y	our curre	nt or most re	cent em	ployment and wo	ork history.)			
Current or Last Employer:								
Job Title:								
Start Date (month/year):	End Date (month/year):							
Description of Duties Include Supervisor's Name, Title, and Phone Number Reason for Leaving								
Employer #2:								
Job Title:								
Start Date (month/year):		End Date (mo	nth/year):	•				
Description of Duties  Include Supervisor's Name, Title, and Phone Number  Reason for Leaving								

OVER 🔷 HR-328 (12/06)

Employer #3:				
Job Title:				
Start Date (month/year):	End Date (month/year):			
Description of Duties Include Supervisor's Name, Title, and Phone Number				
Reason for Leaving				
Employer #4:				
Job Title:				
Start Date (month/year):	End Date (month/year):			
Description of Duties  Include Supervisor's Name, Title, and Phone Number  Reason for Leaving				
	CATION			
Name of High School attended:				
Type of degree(s), if any:				
Major:	Completion Date:			
Name of College/University/Other School attended:				
Type of degree(s), if any:				
Major:	Completion Date:			
Name of College/University/Other School attended:				
Type of degree(s), if any:				
Major:	Completion Date:			
<b>SKILLS</b> Provide additional skills or experiences applicable to the job(s) for which you are applying.				

How did you hear about us? ☐ Employee	□ Friend	□ Job Fair	□ Newspa	per □ Website	□ Other	
Are you a current or former employee of Fairfax County Public Schools? ☐ Yes ☐ No						
Are you interested in full-time or part-time work	k? □ I	Full-time		□ Part-time		
Are you a veteran?	□ '	Yes		□ No		
Indicate type of non-instructional supp	ort position	desired. Pleas	e indicate n	o more than two ch	oices.	
Bus AttendantClericalBus DriverCustodian		_Food & Nutrition ServicePublic Health Attendant				
CONDITIONS OF EMPLOYMENT  Read Prior to Signing  All material submitted with this application becomes the property of Fairfax County Public Schools.  1. All employees must present the results of a negative tuberculin test taken within the 12-month period prior to the first day of employment. Fairfax County Public Schools requires employees to take a physical examination for certain positions.  2. Your signature provides authorization to conduct a background investigation and a reference check of prior employers.  3. Falsification of this application or any supplement to it may result in refusal to consider the applicant for employment or immediate discharge if already employed.  4. Each employee is required to comply with all Fairfax County Public Schools rules and regulations.  5. Per the Code of Virginia, you must comply with the federal Selective Service registration requirements prior to employment with Fairfax County Public Schools. Federal law requires that men who are at least 18 years old, but not yet 26 years old, must be registered with Selective Service. This includes all male non-citizens within these age limits who permanently reside in the United States. Men with "green cards" (lawful permanent residents) must also register. For more information, please visit <a href="https://www.sss.gov">www.sss.gov</a> .						
To the best of my knowledge the information provided herein is complete and I accept the above conditions of employment.  Signature						

THIS SPACE IS FOR OFFICE USE ONLY									
OFFER DATE	WORK LOCATION AND CODE	POSITION	START DATE	NUMBER OF DAYS	SCALE & STEP	NUMBER OF HOURS	SALARY	INDEX SUBOBJECT CODE	POSITION DESCRIPTION CODE

Workforce Diversity (OPTIONAL)					
Fairfax County Public Schools has adopted a workforce diversity program to ensure equal employment opportunity. We are asking you to help us measure the program's effectiveness by answering the following optional questions. This information is voluntary and will be used for statistical purposes only. It will not be used in the selection and screening process.					
Please indicate your	r date of birth.				
Month Day	Year For examp	05 1967 le, December 5, 1967			
Please indicate your gender.					
☐ Male	Female				
Please indicate your race.					
White	Hispanic	Asian or Pacific Islander			
Black	American Indian or Alaskan Native	☐ Multi-racial			
An individual with a disability is defined by the Americans with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more major life activities and is not a temporary condition.					
Please indicate whether or not you have a disability as defined by the ADA.					
Yes	□No				