



HENRICO COUNTY PUBLIC SCHOOLS

Department of Human Resources • P. O. Box 23120 • 3820 Nine Mile Road • Henrico, VA 23223 • (804) 652-3664

APPLICATION FOR COMMUNITY LEARNING CENTER SUMMER POSITIONS – 2018

Applicants will be notified if their services are needed for Summer Academy.

<input type="checkbox"/> Mr. Name <input type="checkbox"/> Ms. _____ Home Address _____ City _____ State _____ Zip _____ Home Telephone (____) _____ Area Code _____	E-mail Address: _____ Present HCPS School (if applicable) _____ Grade/Subject/Position _____ License Endorsement _____ Expiration Year _____
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If you are not presently teaching with Henrico County Public Schools, you MUST attach a copy of your teaching license. You will only be considered for areas you are licensed to teach. Submit application, resume and a copy of your teaching license directly to Michael Taylor, Henrico Education Foundation, Henrico County Public Schools, P.O. Box 23120, Henrico, VA 23223-0420.

Present College Attending _____ Major _____ Credit Hrs. _____

COURSE OFFERINGS

(Please place a check by the program(s) for which you are applying.)

Community Learning Center – Camp ROAR Classes (June 25 – August 9) No Classes the week of July 2nd – 5th

(All Classes will be held at Glen Lea Elementary School, 3909 Austin Avenue, Henrico, VA, 23222)

_____ **Instructional Assistant** Applicants must have at least two years of study (teaching license not required) at an institution of higher education; OR have an associate (or higher) degree; OR provide passing scores from the ParaPro Assessment. (Experience in Grades 2-5 preferred)

_____ **Teacher** – Must have a bachelor’s degree and experience in teaching students in Grades 2-5.

Have you ever been: (MUST BE COMPLETED BY ALL APPLICANTS)

- | | | |
|--|---------|--------|
| 1. Convicted of violation of law other than minor traffic violations? | [] Yes | [] No |
| 2. Discharged or requested to resign from a former position? | [] Yes | [] No |
| 3. Refused renewal of contract? | [] Yes | [] No |
| 4. Convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? | [] Yes | [] No |
- If “yes,” please explain: _____

My signature confirms that I am qualified and that I have the appropriate endorsements to teach in the area(s) designated on this application for the 2018 Summer Academy Program.

_____ Date
_____ Applicant’s Signature

My signature confirms that this candidate meets the licensure requirements to teach in the area(s) designated on this application and is recommended for the 2018 Summer Academy Program.

_____ Date
_____ Principal’s Signature

Applications will be accepted through June 1, 2018.

EOE/ACCOMMODATION UPON REQUEST