

Bath County Public Schools Technology Assistant Application

Applicant's Full Name: _____
Last *First* *Middle*

Mailing Address: _____
Street *City* *State* *Zip Code*

Telephone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Technology Experience:
Describe in detail your experience with computer hardware & software use, installation, troubleshooting & repair.

<i>Nature of Work</i>	<i>Company</i>	<i>Dates of Work</i>		<i>Supervisor</i>
		<i>From</i>	<i>To</i>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References: *Please enclose references from one of your BCHS teachers, the BCHS principal and another individual of your choice.*

<i>Name of Reference</i>	<i>Name of Reference</i>	<i>Name of Reference</i>
_____	_____	_____

Other Information: *If the answer to any of the following questions is yes, then please explain on the next page.*

- | | | |
|--------------------------|--------------------------|--|
| <i>Yes</i> | <i>No</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been discharged or requested to resign from a position? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a violation of law other than a minor traffic violation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any criminal charges or proceedings pending against you? |

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 statement made by me on this application or any supplement to it will be sufficient grounds to terminate any contractual arrangements between myself and Bath County Public Schools.

Signature of Applicant: _____ Date: _____

Parent/Guardian Approval:

I give my approval for my son or daughter to apply for the Student Technology Assistant program. To the best of my knowledge, the above statements from my son or daughter are accurate.

Signature of Parent or Guardian: _____ Date: _____

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(Continued)

Explanations From Prior Page: *Please provide any explanation for your responses on the prior page.*

Other Comments: *Optional*

Interested parties will not be considered for work until the following have been received by the division Technology Director:

- 1.) Fully-completed application, signed by student and parent/guardian
- 2.) Three required references
- 3.) Copy of the student's signed Code of Student Conduct
- 4.) Copy of the student's signed Acceptable Computer Use Agreement
- 5.) Documentation of successful completion of Technology Skills test administered by school technology staff