

BARBOURVILLE INDEPENDENT SCHOOLS
P.O. BOX 520
BARBOURVILLE, KENTUCKY 40906

CERTIFIED TEACHING APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, natural origin or disabling condition.

Date _____ Social Security Number ____/____/____ Birthdate _____

Last Name	First	Middle	Maiden
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Street Address	Home Phone
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City, State, Zip	Business Phone
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Have you ever been employed by the Barbourville Independent Schools:

____(Yes) ____ (No) If yes, under what name and when _____

Were you dismissed for cause? _____(Yes) _____(No)

If yes, please explain _____

Are you related to the Superintendent or any member of the Barbourville Independent Schools?

Yes _____ No _____

If yes, to whom _____

What relationship _____

Position(s) Desired: _____

EDUCATION

HIGH SCHOOL

COLLEGE

MAJOR: _____

MINOR: _____

Certificate applied for: _____

Type

Date of Application

Certificate now held: _____

Type

Issue Date

Expiration Date

Type of contract now held, if any: _____

Expiration Date

Military: (Complete this section if you served in the U.S. Armed Forces)

Describe your duties and any special training

Branch of Service

Period of Active Duty (Month and Year) Rank at Discharge Date of Final Discharge

Type of Discharge: _____

Membership in Professional or Civic Organizations (exclude those which may disclose your race, color, religion or national origin):

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

**EMPLOYMENT
MOST RECENT FIRST**

1. _____
Name of Employer Telephone Number

Address Employed (Month and Year)

State job title and describe your work

2. _____
Name of Employer Telephone Number

Address Employed (Month and Year)

State job title and describe your work

3. _____
Name of Employer Telephone Number

Address Employed (Month and Year)

State job title and describe your work

If you have ever been employed with a school district or governmental agency, new regulations require the following information:

- Yes ___ No ___ 1. Have you ever paid into KTRS?
Yes ___ No ___ 2. If answered yes to #1, has your account been
withdrawn?

REFERENCES

1. _____
Name Position

Address Phone

2. _____
Name Position

Address Phone

PLEASE NOTE: For this type of employment, state law requires a criminal record check as a preceding condition of employment.

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of such investigation.

NOTE: The following documents must accompany this application:
(1.) Certificate
(2.) Official Transcript

Signature Date

