

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

**CERTIFIED TEACHING APPLICATION**

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

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Date \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthdate \_\_\_\_\_

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Last Name	First	Middle	Maiden
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Street Address	Cell Phone
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City, State, Zip	Home 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 \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to whom \_\_\_\_\_

What relationship \_\_\_\_\_

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Position(s) Desired: \_\_\_\_\_

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## EDUCATION

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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

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

Describe your duties and any special training

Branch of Service

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

Type of Discharge: \_\_\_\_\_

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

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

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**EMPLOYMENT  
MOST RECENT FIRST**

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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

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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?

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### REFERENCES

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1. \_\_\_\_\_  
Name Position  
\_\_\_\_\_  
Address Phone

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2. \_\_\_\_\_  
Name Position  
\_\_\_\_\_  
Address Phone

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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