

FIRST
NAME
LAST
DATE

TAYLOR COUNTY BOARD OF EDUCATION

1209 East Broadway
Campbellsville, Kentucky 42718
(270) 465-5371
FAX (270) 789-3954

APPLICATION FOR PARAPROFESSIONAL POSITION

POSITION DESIRED

APPLICATION CHECKLIST

- Fill out this application completely. You may provide additional information by letter or resumé that will give a more complete account of your training and experience.
- Proof of Education (Copy of High School Diploma, GED Certificate, or College Transcript)
- Three letters of recommendation.

*Your application will be kept on file for three (3) years and will be considered as vacancies occur.
Keep your application updated annually or give notification if you want it withdrawn.
All inactive applications will be destroyed after three (3) years.*

.....

"Equal Education and Employment Opportunity"

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle) (Social Security Number)

Present Address _____
(Street or Route) (City) (KY) (Zip) (Area Code) Phone

Permanent Address _____
(only if different) (Street or Route) (City) (KY) (Zip) (Area Code) Phone

E-Mail: _____
Cell Phone

Hours available to work: Day Shift (between 7am & 4pm) Evening Shift (1pm – 9pm)

When will you be available to begin work? _____

Special Training or skills _____

EDUCATION AND PROFESSIONAL TRAINING

Name of Institution & Location Including High School, College, in order taken	Dates Attended	Degree or Diploma Received	Major	Graduated?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Copy of High School Diploma, GED Certificate or an OFFICIAL TRANSCRIPT of all college/university work completed to date must be submitted in order to be considered for employment.

Give name in which Original Transcript was issued, if different from present name. _____

❖ Effective July 13, 1990, applicants must have a High School Diploma or GED, or be enrolled in a GED program to be eligible for employment.

ACTIVITIES AND HONORS

List community and academic honors/awards received. _____

List community/educational organizations in which you hold membership. _____

WORK EXPERIENCE (List most recent FIRST)

①

From: Mo/Yr	To: Mo/Yr	Title/Position	Duties
Name of Employer		Name of Supervisor	
Address			
City	State	Zip	Phone
Reason for Leaving			

②

From: Mo/Yr	To: Mo/Yr	Title/Position	Duties
Name of Employer		Name of Supervisor	
Address			
City	State	Zip	Phone
Reason for Leaving			

③

From: Mo/Yr	To: Mo/Yr	Title/Position	Duties
Name of Employer		Name of Supervisor	
Address			
City	State	Zip	Phone
Reason for Leaving			

④

From: Mo/Yr	To: Mo/Yr	Title/Position	Duties
Name of Employer		Name of Supervisor	
Address			
City	State	Zip	Phone
Reason for Leaving			

Are you related to a Taylor County Board of Education member or the Superintendent? Yes No

Related to _____ How related? _____

PROFESSIONAL/PERSONAL REFERENCES

List two professional and one personal reference who may be contacted concerning your qualifications as a classified applicant. Attached Reference Forms must also be submitted before application is considered complete.

①

Name _____
Position/Title/Relation _____
Address _____
Street/PO Box _____ City _____ State _____ Zip _____ Telephone _____

②

Name _____
Position/Title/Relation _____
Address _____
Street/PO Box _____ City _____ State _____ Zip _____ Telephone _____

③

Name _____
Position/Title/Relation _____
Address _____
Street/PO Box _____ City _____ State _____ Zip _____ Telephone _____

OTHER INFORMATION

Have you ever been asked to resign from a position of employment based on a claim of misconduct or unsatisfactory performance? Yes No

Have you ever been dismissed, fired, or discharged from a position of employment based on a claim of misconduct or unsatisfactory performance? Yes No

Have you ever been convicted of a felony? Yes No

If your answer to any of the above is yes, please explain.

FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A STATE AND FEDERAL CRIMINAL RECORDS CHECK AS A CONDITION OF EMPLOYMENT (at applicant's expense).

I certify that this application is accurate and complete. If employed, I understand that false statements shall be cause for dismissal. If not employed, I understand that I must update this application annually to be considered for employment. I authorize the Taylor County Schools to contact previous/current employers for references to verify employment information or credentials. Directors, Principals, School Councils, and Committees may review information submitted, as a part of selection process.

Signature

Date

NON-DISCRIMINATION POLICY STATEMENT

The Taylor County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies.

Title IX Coordinator/Section 504 Coordinator
Angela Loy Cook/Stephanie Wilkerson
1209 East Broadway
Campbellsville, KY 42718

Voluntary Information Form For Government Monitoring Purposes

This organization is an Equal Opportunity Employer. It is committed to the recruitment and hiring of minorities.

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation or surname.

This Voluntary Information Form will be kept in a confidential file separate from the Application for Employment.

Position applied for: _____ Date _____

I wish to furnish this information _____
(Please print name)

I do not wish to furnish this information _____
(Please print name)

Please check the appropriate box : Male Female Date of Birth ___/___/___

ETHNIC CATEGORY (Check appropriately)

WHITE (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

ASIAN OR PACIFIC ISLANDER – All persons having origins in any of the original peoples of the Far East, Southeast Asia and Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

AMERICAN INDIAN OR ALASKA NATIVE – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Please check if the following categories are applicable:

HANDICAPPED INDIVIDUAL – All persons who (1) have a physical or mental impairment that substantially limits one or more of his or her major life activities, (2) have a record of such impairment, or, (3) are regarded as having such an impairment. A handicap is “substantially limiting” if likely to cause difficulty in securing, retaining, or advancing in employment.

VETERAN ELIGIBILITY – Served in armed forces between August 5, 1964 and May 7, 1975.

DISABLED VETERAN ELIGIBILITY – A veteran with a disability, service connected or otherwise.

“Equal Education and Employment Opportunity”

TAYLOR COUNTY BOARD OF EDUCATION

1209 East Broadway
Campbellsville, KY 42718
270-465-5371 FAX 270-789-3954

CLASSIFIED REFERENCE FORM

TO: _____
Reference Name Title

Address City/State/Zip

Phone Number

APPLICANT’S WAIVER OF RIGHTS OF ACCESS TO CONFIDENTIAL FORM

I hereby give you permission to complete and release this reference form to the Taylor County Schools. I agree that the information requested will become a part of my personnel file as an applicant or employee of the Taylor County Schools, and I agree that the information will not be disclosed to me, but is to be treated as confidential by the Taylor County Schools. I waive my right to see this information. I further release and agree to hold harmless the Taylor County Schools and the persons and/or legal entities completing the reference forms from any and all claims, demands, actions, and causes of actions which I might have resulting or to result from the furnishing or utilization of the information requested and/or provided.

Applicant Name (Printed)

Applicant Signature

Date

Position applied for: _____

CONFIDENTIAL

The above named person has filed an application for employment with the Taylor County Schools. In completing the application, the applicant has indicated that you may be able to help us in evaluating his/her potential as an employee. Will you please help us by completing the inquiry on the reverse side of this letter and adding any comments you may care to make? Your cooperation and promptness in returning this inquiry to us will be greatly appreciated.

TO THE APPLICANT: Please send this form to all references listed on your employment application. You should include a pre-addressed, stamped envelope to be mailed directly to: **Taylor County Board of Education**
1209 East Broadway
Campbellsville, KY 42718

OFFICIAL CONFIDENTIAL INFORMATION

Based on your experience, please rate the applicant as follows:

Please indicate by checking	Outstanding	Above Average	Average	Fair	Below Average	Unknown
Personal appearance						
Punctuality						
Regularity of attendance						
Attitude toward work						
Quantity of work						
Quality of work						
Cooperation						
Initiative						
Maturity in social and intellectual areas						
Self motivation						
Health						
Reliability and attitude						
Acceptance of constructive feedback						

Dates of employment (if applicable): From _____ to _____. Position _____

Duties and/or responsibilities _____

Reason for leaving _____

How long have you known the applicant? _____ Would you rehire this person? Yes No

Would you recommend employment of the applicant?
 Yes, Without Reservations Yes, With Reservations Cannot Recommend

Explain _____

Would you want this person to work with your child in an educational setting? Yes No

Information given above is based on (check items which apply):

- Personal acquaintance with applicant
- Worked under my supervision
- A co-worker
- Student in my class

Remarks _____

Signature _____

Position _____

Firm or School _____

Phone _____

Mailing Address _____

Signature _____

**Please return immediately to the
Taylor County Board of
Education**

TAYLOR COUNTY BOARD OF EDUCATION

1209 East Broadway
Campbellsville, KY 42718
270-465-5731 FAX 270-789-3954

CLASSIFIED REFERENCE FORM

TO: _____
Reference Name Title

Address City/State/Zip

Phone Number

APPLICANT'S WAIVER OF RIGHTS OF ACCESS TO CONFIDENTIAL FORM

I hereby give you permission to complete and release this reference form to the Taylor County Schools. I agree that the information requested will become a part of my personnel file as an applicant or employee of the Taylor County Schools, and I agree that the information will not be disclosed to me, but is to be treated as confidential by the Taylor County Schools. I waive my right to see this information. I further release and agree to hold harmless the Taylor County Schools and the persons and/or legal entities completing the reference forms from any and all claims, demands, actions, and causes of actions which I might have resulting or to result from the furnishing or utilization of the information requested and/or provided.

Applicant Name (Printed)

Applicant Signature Date

Position applied for: _____

CONFIDENTIAL

The above named person has filed an application for employment with the Taylor County Schools. In completing the application, the applicant has indicated that you may be able to help us in evaluating his/her potential as an employee. Will you please help us by completing the inquiry on the reverse side of this letter and adding any comments you may care to make? Your cooperation and promptness in returning this inquiry to us will be greatly appreciated.

TO THE APPLICANT: Please send this form to all references listed on your employment application. You should include a pre-addressed, stamped envelope to be mailed directly to: **Taylor County Board of Education
1209 East Broadway
Campbellsville, KY 42718**

OFFICIAL CONFIDENTIAL INFORMATION

Based on your experience, please rate the applicant as follows:

Please indicate by checking	Outstanding	Above Average	Average	Fair	Below Average	Unknown
Personal appearance						
Punctuality						
Regularity of attendance						
Attitude toward work						
Quantity of work						
Quality of work						
Cooperation						
Initiative						
Maturity in social and intellectual areas						
Self motivation						
Health						
Reliability and attitude						
Acceptance of constructive feedback						

Dates of employment (if applicable): From _____ to _____. Position _____

Duties and/or responsibilities _____

Reason for leaving _____

How long have you known the applicant? _____ Would you rehire this person? Yes No

Would you recommend employment of the applicant?
 Yes, Without Reservations Yes, With Reservations Cannot Recommend

Explain _____

Would you want this person to work with your child in an educational setting? Yes No

Information given above is based on (check items which apply):

- Personal acquaintance with applicant
- Worked under my supervision
- A co-worker
- Student in my class

Remarks _____

Signature _____

Position _____

Firm or School _____

Phone _____

Mailing Address _____

Signature _____

**Please return immediately to the
Taylor County Board of
Education**

TAYLOR COUNTY BOARD OF EDUCATION

1209 East Broadway
Campbellsville, KY 42718
270-465-5731 FAX 270-789-3954

CLASSIFIED REFERENCE FORM

TO: _____
Reference Name Title

Address City/State/Zip

Phone Number

APPLICANT'S WAIVER OF RIGHTS OF ACCESS TO CONFIDENTIAL FORM

I hereby give you permission to complete and release this reference form to the Taylor County Schools. I agree that the information requested will become a part of my personnel file as an applicant or employee of the Taylor County Schools, and I agree that the information will not be disclosed to me, but is to be treated as confidential by the Taylor County Schools. I waive my right to see this information. I further release and agree to hold harmless the Taylor County Schools and the persons and/or legal entities completing the reference forms from any and all claims, demands, actions, and causes of actions which I might have resulting or to result from the furnishing or utilization of the information requested and/or provided.

Applicant Name (Printed)

Applicant Signature Date

Position applied for: _____

CONFIDENTIAL

The above named person has filed an application for employment with the Taylor County Schools. In completing the application, the applicant has indicated that you may be able to help us in evaluating his/her potential as an employee. Will you please help us by completing the inquiry on the reverse side of this letter and adding any comments you may care to make? Your cooperation and promptness in returning this inquiry to us will be greatly appreciated.

TO THE APPLICANT: Please send this form to all references listed on your employment application. You should include a pre-addressed, stamped envelope to be mailed directly to: **Taylor County Board of Education
1209 East Broadway
Campbellsville, KY 42718**

OFFICIAL CONFIDENTIAL INFORMATION

Based on your experience, please rate the applicant as follows:

Please indicate by checking	Outstanding	Above Average	Average	Fair	Below Average	Unknown
Personal appearance						
Punctuality						
Regularity of attendance						
Attitude toward work						
Quantity of work						
Quality of work						
Cooperation						
Initiative						
Maturity in social and intellectual areas						
Self motivation						
Health						
Reliability and attitude						
Acceptance of constructive feedback						

Dates of employment (if applicable): From _____ to _____. Position _____

Duties and/or responsibilities _____

Reason for leaving _____

How long have you known the applicant? _____ Would you rehire this person? Yes No

Would you recommend employment of the applicant?
 Yes, Without Reservations Yes, With Reservations Cannot Recommend

Explain _____

Would you want this person to work with your child in an educational setting? Yes No

Information given above is based on (check items which apply):

- Personal acquaintance with applicant
- Worked under my supervision
- A co-worker
- Student in my class

Remarks _____

Signature _____

Position _____

Firm or School _____

Phone _____

Mailing Address _____

Signature _____

**Please return immediately to the
Taylor County Board of
Education**

