

Office Use Only

"An Equal Opportunity Employer"

Received \_\_\_\_\_ Health Exam. \_\_\_\_\_  
 Transcript \_\_\_\_\_ TB Skin Test \_\_\_\_\_  
 References \_\_\_\_\_ Criminal Check \_\_\_\_\_  
 Interview \_\_\_\_\_ Employed \_\_\_\_\_  
 Certificate \_\_\_\_\_ Terminated \_\_\_\_\_  
 Internship Completed \_\_\_\_\_ Yes \_\_\_\_\_ No

— Application for Professional Development —

# MAGOFFIN COUNTY PUBLIC SCHOOLS

109 Gardner Trail  
 Salyersville, KY 41465  
 Telephone (606) 349-6117

MAIDEN NAME

## I. Personal Data

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 (Last) (First) (Middle)

PRESENT ADDRESS \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

PERMANENT ADDRESS \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER ( ) \_\_\_\_\_

Please list name/address/telephone number of a person who will be able to contact you if we should be unable to reach you at your present address/telephone:

Name \_\_\_\_\_ Address/Telephone \_\_\_\_\_

Approximately how many days have you been absent from work or school or college during the past three years and for what reasons? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

MIDDLE NAME

## II. Teaching and/or Professional Preferences

List in order of preference the subjects, grades, or areas for which you are certified.	Indicate credit hours earned in this subject or field.		Indicate most recent course taken in this subject or field.	
	Undergraduate	Graduate Total	Date	College

FIRST NAME

### POSITION DESIRED

Primary (K-3)	Intermediate (4-5)	Middle (6-8) (Subjects)	Secondary (9-12) (Subjects)	Administrative Positions
1st Choice				
2nd Choice				
3rd Choice				

LAST NAME

Please be specific in stating the type of position for which you wish to be considered. \_\_\_\_\_

If employed, when are you available to begin work? \_\_\_\_\_

**V. Other Work Experience** (List in order beginning with most recent.)

Type of Work	Name and Address of Firm or Employer	Date (Month/Year)	Last Annual Salary

**VI. References**

LIST AT LEAST THREE REFERENCES — Beginning teacher should include supervising (critic) teacher and college coordinator of student teaching. Experienced teachers should include present principal and/or supervisor. Be specific on names, addresses and zip codes. Do not list relatives.

Name	Official Position at Present	Mailing Address/Zip Code/Telephone

**VII. Security Information** (For this type of employment, state law requires a criminal record check as a condition of employment).

(A) Have you ever been convicted of or pled guilty to any criminal offense other than minor traffic violations? \_\_\_\_\_

(B) Is there now pending against you any criminal proceeding or criminal charge for anything other than a minor traffic violation? \_\_\_\_\_ If you answer to (A) or (B) is yes, a detailed explanation MUST be set out below. (If you need additional space, please attach a separate sheet.)

(NOTE: Conviction of a crime may not in any way affect your application, but in certain circumstances, some criminal activities could be relevant to a position which brings an employee in contact with school children.

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**VIII. General Information**

**HEALTH**

A public school teacher is required in many instances to perform tasks in relation to maintaining discipline and interrelationships with pupils which can be mentally and physically strenuous and stress-producing. Do you have any type of physical or mental disability which would impair your ability to conduct the work of a teacher? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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Are you related to any present (1) Board Member, (2) Superintendent, (3) Principal, (4) SBDM Member, or (5) Employee in the district? \_\_\_\_\_ If so, How? \_\_\_\_\_

Have you established tenure in another district? \_\_\_\_\_

**OTHER ACTIVITIES**

List hobbies, professional recognitions, committee work, articles for publication, community activities, etc. Also list organizations of which you are now a member, particularly honorary ones.

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### III. Education and Professional Preparation

List Colleges and Universities Attended	Address of School	Years Attended	Degree and Date Granted *	Major(s)/Area(s)	Minor(s)
		From To			

\* Note: Indicate date degree may be expected if application is filed in advance. A current copy of a transcript of college credits is required as a part of this application. This copy will not be returned.

Please indicate student teaching experience:

Dates		Name and Addresses of School	Grade or Subject	Classroom Supervising Teacher	Grade Received
From	To				

Have you taken the Graduate Record Examination? \_\_\_\_\_ Date \_\_\_\_\_ Have you taken the National Teacher's Examination? \_\_\_\_\_ Date \_\_\_\_\_ If you have taken these exams, please attach a copy of the scores or have the scores sent separately.

### CERTIFICATION

Do you have a valid Kentucky Certificate? \_\_\_\_\_ Expiration Date \_\_\_\_\_ In order to be considered for a certificated position with the Magoffin County Public Schools you must hold a KY Teaching Certificate. If you do not have such a certificate presently, one must be obtained from the KY Department of Education, Frankfort, KY. If you hold a valid KY Certificate, please attach a copy of it with this application or forward it separately.

### IV. Professional Employment Experience in Education

Are you a member of the KY Teacher's Retirement System? \_\_\_\_\_ Do you presently have continuing contract status with any school system? \_\_\_\_\_ If so, give name of school system and dates of employment: \_\_\_\_\_

Have you previously been employed by Magoffin County Schools? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_ When? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Are you now an applicant, or have you ever before been an applicant, for any type of employment with the Magoffin County Schools? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_ When? \_\_\_\_\_

For what kind of position(s)? \_\_\_\_\_ Have you ever: (A) Failed to have a contract renewed with a school system, (B) Been dismissed from employment with a school system, or (C) Received an annual unsatisfactory performance from a employer? \_\_\_\_\_

#### Please Indicate Your Professional Employment Experience in Education Beginning With The Most Recent Position

School	Complete Address Include Zip Code	Assignment * Grade/Subject	Principal/ Supervisor	School Year(s)	Total Years	Last Annual Salary

\* Please indicate if the position was full-time (FT), part-time (PT), or substitute teaching (ST).

NOTE: If your employment in any of the positions listed above or on the next page was involuntarily terminated or you were removed or dismissed from any employment position, please explain. (Attach separate sheet if needed.) \_\_\_\_\_

**A HANDWRITTEN LETTER OF INTRODUCTION** - (handwritten, not typed and should contain: (A) your general views of education, (B) Amplified information concerning training, experience and personal qualifications, and (C) the reasons you entered the teaching profession.

**RELEASE OF RECORDS**

Permission is hereby given any agency of the government of the United States and/or any other agency, person, firm or corporation holding records considered confidential to furnish the central office of the school board of Magoffin County all information desired involving me in any way, upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We welcome your application in the Magoffin County Public Schools. Your application will be placed on file for consideration when vacancies occur. It will remain on file for one year. Should you desire to re-apply after that time, an undated application must be submitted. Please notify us if you accept a position elsewhere or if you wish to withdraw this application.

I understand that the Board of Education may make inquiries which will provide applicable information, and I request each present or former employer, school and person give as a reference, and credit bureaus, governmental and law enforcement agencies to answer questions that may be asked concerning me.

I understand that any false statements or omission in connection with questions asked on this application will be just cause for immediate dismissal, anything in any contract of employment between me and the Board of Education of Magoffin County on the contrary notwithstanding.

I recognize that, if I am employed, the Board of Education of Magoffin County, KY will assign or reassign me to a specific position as the need requires throughout the term of employment. Such assignments will be consistent with appropriate areas of certification and KY Revised Statutes.

All new employees must serve a one (1) year probation period before tenure is granted.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NON-DISCRIMINATION IN EMPLOYMENT**

It is the policy of the Magoffin County Board of Education not to discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or handicap in employment, educational programs, or activities as set forth in Title IX, Title VI, and Section 504. Any person having inquiries concerning the Magoffin County Schools compliance with Title IX, Title VI, and Section 504 is directed to contact the superintendent of the Magoffin County Schools, Salyersville, KY 41465, telephone (606) 349-6117 who has been designated by the Magoffin County Board of Education to coordinate the district's efforts to comply with Title IX, Title VI, and Section 504.