

**HENRY COUNTY PUBLIC SCHOOLS**  
326 South Main Street  
New Castle, KY 40050  
Phone: (502) 845-8600 FAX: (502) 845-8601

**APPLICATION FOR CERTIFIED EMPLOYMENT**

TO: Applicants  
FROM: Henry County Public Schools  
RE: Application Information

1. Complete the attached application.
2. Please send a letter indicating interest in the position, a current resume, copy of transcript(s), and a copy of your current Kentucky teaching certificate.
3. If you have lived out-of-state, please submit a list of states of former residence and dates of residency.
4. Please mail the attached reference sheet to three (3) individuals and ask them to return the completed sheets to:

Attn: Personnel  
Henry County Public Schools  
326 S. Main Street  
New Castle, KY 40050

5. Provide names, addresses, and telephone numbers of your last two (2) direct supervisors.

# HENRY COUNTY PUBLIC SCHOOLS

# APPLICATION FOR EMPLOYMENT

## (Certified Positions)

**INSTRUCTIONS**

Complete all items. If an item is not applicable, put N/A.

In compliance with equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or the presence of a non-job related medical condition or physical disability.

Board Policy 03.11, Hiring, and KRS 17.165 – For employment of this type, a state and FBI criminal record check is required as a condition of employment.

**NOTE: Your application will remain on file for one year.  
Unless notified by you, it will become inactive at the end of the current fiscal year.**

<b>LAST NAME</b>			<b>FIRST NAME</b>			<b>MIDDLE INI.</b>		<b>SOCIAL SECURITY NO.</b>	
<b>PERMANENT ADDRESS</b>						<b>TEMPORARY ADDRESS</b>			
<b>STREET</b>						<b>STREET</b>			
<b>CITY</b>						<b>CITY</b>			
<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE NO.</b>				<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE NO.</b>	
		(       )						(       )	
<b>EMAIL ADDRESS</b>									

<b>POSITION(S) SEEKING</b>	
<b>#1</b>	<b>#2</b>

<b>KENTUCKY CERTIFICATION AND ENDORSEMENTS HELD</b>	<b>EXPIRATION DATE</b>	<b>CURRENT RANK</b>
<b>HAVE YOU EVER BEEN REFUSED A RENEWAL OF A TEACHING CONTRACT? (Check One) IF YES, PLEASE ATTACH AN EXPLANATION.</b>	<b>NO</b>	<b>YES</b>
<b>OTHER CERTIFICATIONS?</b>		

<b>EDUCATION</b>	
HIGH SCHOOL ATTENDED	YEAR GRADUATED
UNDERGRADUATE INSTITUTION	YEAR GRADUATED OR NUMBER OF HOURS EARNED  GPA:
UNDERGRADUATE INSTITUTION	YEAR GRADUATED OR NUMBER OF HOURS EARNED  GPA:
GRADUATE INSTITUTION	YEAR GRADUATED OR NUMBER OF HOURS EARNED  GPA:

<b>STUDENT TEACHING</b>	
STUDENT TEACHING #1	GRADE LEVEL AND/OR CONTENT AREA
STUDENT TEACHING #2	GRADE LEVEL AND/OR CONTENT AREA

**COURSE OF STUDY**

Bachelor's Degree: \_\_\_\_\_

Master's Degree: \_\_\_\_\_

Doctorate: \_\_\_\_\_

Specialist: \_\_\_\_\_

**ACTIVITIES**

Please list activities you are willing to sponsor or coach: \_\_\_\_\_

\_\_\_\_\_

<b>EMPLOYMENT HISTORY</b>	
<b>CURRENT POSITION</b>	<b>REASON FOR LEAVING</b>
Your Title: Name of Employer: Employer's Address:  Employer's Phone: Name of Direct Supervisor:	
<b>PROFESSIONAL EXPERIENCE #1</b>	<b>REASON FOR LEAVING</b>
<b>PROFESSIONAL EXPERIENCE #2</b>	<b>REASON FOR LEAVING</b>

**REFERENCES** – List three (3) references. Include your current employer and any other professional or employer who can evaluate your qualifications and capabilities for the position for which you are applying.

<b>NAME AND POSITION</b>	<b>TELEPHONE NUMBER</b>

I hereby give the professional (not personal) references I have listed on my application permission to complete and release the information requested by Henry County Public Schools. I agree that the information will become a part of my personnel file as an applicant or an employee of HCPS and it will not be disclosed to me. It will be treated as confidential by HCPS. I waive my right to see the information. I further release and agree to hold harmless the HCPS, and the person(s) and/or legal entities completing the reference form from any and all claims, demands, actions, and causes of action which I might have resulting or to result from the furnishing of the information requested and/or provided. I confirm that I understand failing to accurately provide the necessary basic information requested for record processing may result in my prosecution under KRS 512.100.

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>

# HENRY COUNTY PUBLIC SCHOOLS

326 S. MAIN STREET  
NEW CASTLE, KY 40050

## EEO DATA INFORMATION

The Civil Rights Act of 1964, Title VII-Equal Employment Opportunity prohibits discrimination based on Title VI, race, color, national origin, age, religion, martial status, sex or disability in compliance with section 504 in employment, educational programs, vocational programs or activities as set forth in Title IX, Title VI, and Section 504.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process: It will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of employment process are completed. To insure compliance, this page will be removed and kept in a Confidential File separate from the Employment Application Form.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street Route or Box City State Zip Code

Position Applied For \_\_\_\_\_

Is Position Vacant: Yes \_\_\_\_\_ No \_\_\_\_\_

Method of Recruitment (Please specify or give name of publication)

A. Newspaper \_\_\_\_\_

B. Professional Publication \_\_\_\_\_

C. Referral \_\_\_\_\_

D. Other \_\_\_\_\_

Please mark the appropriate answer:

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_ Asian Pacific Islander \_\_\_\_\_

Other \_\_\_\_\_ Vietnam ERA Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_

Individual with a Disability \_\_\_\_\_

"Failure to complete this form does not preclude the applicant's consideration for the position applied for."

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

# Youth Leader Request

Please complete the information below for the purpose of obtaining a criminal background check. The district will process it through the Administrative Office of the Courts in Frankfort, Kentucky.

<b>Social Security Number</b>	
<b>Name</b>	
<b>Date of Birth</b>	
<b>Maiden or Alias Names</b>	
<b>Address</b>	
<b>City, State, ZIP</b>	
<b>E-mail Address</b>	

By e-mailing this document, I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

## Character & Fitness

Name		Social Security Number:	
Address			
City, State, ZIP		Telephone Number:	

Answer each question by circling "YES" or "NO." If you answer "YES" to any question, you must submit a full explanation using a separate sheet of paper.

1. Have you ever held, or currently hold a professional certificate, license, credential or other document issued to you by any jurisdiction (other than Kentucky) within the United States or abroad? If yes, enclose a copy of the certificate or provide the following: State or Jurisdiction _____ Certificate Number _____ Type _____ Issue Date _____ Expiration Date _____	YES or NO
2. Have you ever had a professional certificate, license, credential, or any document issued to you for practice denied, suspended, revoked, or voluntarily surrendered?	YES or NO
3. Are you currently being reviewed or investigated for purposes of such action as stated in #2 or is such action pending?	YES or NO
4. Have you ever been dismissed, resigned, or asked to resign/retire or discharged from a professional position or military service for immorality, incompetence, willful neglect of duty, misconduct, or presenting false information toward obtaining the position?	YES or NO
5. Is any such action as stated in #4 pending?	YES or NO
6. Have you ever been convicted of a felony or misdemeanor (other than a moving traffic violation), been found guilty or entered a plea or nolo contendere (no contest), even if adjudication was withheld, in Kentucky or any other state?	YES or NO

7. Have you ever had a charge of child abuse against you substantiated?	YES or NO
8. Have you been convicted of any offense for physical or sexual abuse of a child?	YES or NO
9. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from the employment of another school district? If YES, please give the name of the district, the date and reason for the resignation or termination:	YES or NO
If you indicated "YES" to any items, #2 through #6, has that conviction been reviewed by the Education Professional Standards Board?  Date of Review: _____	YES or NO

*District Policy*

The Henry County Public School District does not discriminate on the basis of race, color, national origin, age, sex or disability, in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning the district's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504) or Title II of the Americans with Disabilities Act of 1990 (ADA), may contact the Assistant Superintendent or Human Resources.

*Applicant Confirmation Statement*

I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by the school district, I will abide by all Board of Education and school policies, work on assigned committees, and continue my professional growth to the best of my ability and within reasonable and professional standards. I grant permission for school officials to obtain a personal record check from the federal, state, county, and/or local law enforcement agencies and current or former employers from any liability or information given in response to a request for an employment reference. I understand that I will be required to take a physical/TB screening prior to assuming any position for which I may be employed. In the event that I am employed by the district and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after the discovery of the false or misleading information. I understand that this application will be considered active for one year from date of submission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HENRY COUNTY PUBLIC SCHOOLS**

**326 S. MAIN STREET  
NEW CASTLE, KENTUCKY 40050  
(502) 845-8600**

**CERTIFIED REFERENCE FORM**

TO: \_\_\_\_\_

Name

Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

I hereby give you permission to complete and release this reference form to the Henry County Public Schools. I agree that the information requested will become a part of my personnel file as an applicant or employee of the Henry County Public Schools. I waive my right to see this information. I further release and agree to hold harmless the Henry County Public Schools and the persons and/or legal entities completing the reference form 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'S SIGNATURE

**Last four digits** of Social Security#

DATE

Position Applied For: \_\_\_\_\_

**CONFIDENTIAL**

The above named person has filed an application for employment with the Henry County Public 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.

Sincerely,

Terry Price  
Superintendent  
Administration and Personnel  
Henry County Public Schools  
326 S. Main Street  
New Castle, KY 40050

TO THE APPLICANT: Please  
send this form to all references  
listed in your employment  
application. You should include a  
pre-addressed, stamped envelope  
to be mailed directly to:  
Personnel  
Henry County Public Schools  
326 S. Main Street  
New Castle, KY 40050

## 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
Professional reliability and attitude						
Participation in school and community activities						
Maturity in social and intellectual areas						
Regularity of attendance						
Responsibility in areas of morality						
Supports school policies						
Acceptance of constructive supervision						
Cooperation with administration and faculty						
Concern for the individual child						
Success in teaching (known or projected)						
Capability in curriculum, materials and techniques						
Ability to control classes						
Enthusiastic and vivacious in teaching						
Personal appearance						
Health						
Use of English						
Punctuality						
Attitude toward work						

How long have you known applicant? \_\_\_\_\_ Would you recommend employment of the applicant as a teacher?  
 Yes \_\_\_\_\_ Without reservation \_\_\_\_\_ 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 classes at school \_\_\_\_\_ Student teacher under my supervision \_\_\_\_\_

REMARKS:

_____	_____
Firm or School	Signature
_____	_____
	Position
_____	_____
Address	Phone



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Firm or School	Signature
	Position
Address	Phone

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TO: \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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APPLICANT'S SIGNATURE Last four digits of Social Security# DATE

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 Explain \_\_\_\_\_

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Address	Phone