

East Bernstadt Independent School District

P.O. Box 128 / 145 School Street
East Bernstadt, KY 40729
Phone: 606-843-7373 Fax: 606-843-6249
Web: <http://www.ebernstadt.kyschools.us>

CLASSIFIED APPLICATION FOR EMPLOYMENT

Position Desired: _____ Date: _____

If not hired, would you be interested in a substitute position? Yes ___ No ___

Instructions for Completion: 1) Complete and return application; 2) Provide copy of high school diploma or GED.

(1) PERSONAL DATA

Full Name: _____ SSN#: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address: _____

Phone#: _____ Cell Phone#: _____

"FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A NATIONAL AND STATE CRIMINAL HISTORY BACKGROUND CHECK AND A LETTER, PROVIDED BY THE INDIVIDUAL, FROM THE CABINET FOR HEALTH AND FAMILY SERVICES STATING THE APPLICANT HAS NO ADMINISTRATIVE FINDINGS OF CHILD ABUSE OR NEGLECT FOUND THROUGH A BACKGROUND CHECK OF CHILD ABUSE AND NEGLECT RECORDS MAINTAINED BY THE CABINET FOR HEALTH AND FAMILY SERVICES."

If hired, your employment is contingent upon a clear record. Probationary employment shall terminate on receipt of any record that does not meet the requirements.

Have you ever been convicted of a misdemeanor, felony sex crime or a violent offender crime? Yes ___ No ___

Have you ever had a substantiated finding for child abuse or neglect? Yes ___ No ___

Have you ever been dismissed or asked to resign from a position? Yes ___ No ___

List any friends or relatives now working here: _____

Are you related to a current Board Member or the Superintendent? Yes ___ No ___

List any Community and/or Fraternal Organizations in which you participate unless the name or character reveals race, religion, color, or ancestry of the membership: _____

NOTICE TO ALL APPLICANTS: All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, genetic information, national or ethnic origin, political affiliation, age, disabling condition, or limitations related to pregnancy, childbirth, or related medical conditions. We offer equal opportunity and treatment to all employees and applicants.

(2) EDUCATION

NOTE: It is not expected that all parts of this application apply to all persons. Please respond to those parts which relate to your experience.

School	Name/Address of School	Course of Study	From Mo./Yr.	To Mo./Yr.	Certificates, Diplomas, Degrees
High School					
Vocational Or Business School					
Colleges And Universities					
Other- include courses taken or now taking					

Educational Activities and Honors: _____

Major Undergraduate Subject: _____ Minor Undergraduate Subject: _____

Field of Graduate Study: _____ Hours of Graduate Study: _____

(3) CERTIFICATION

Do you have any special training? Yes ___ No ___ Type: _____

(4) WORK EXPERIENCE - List below, beginning with your most recent.

Employer	Position/Duties	From Mo./Yr.	To Mo./Yr.	Pay Rate	Reason for Leaving

(5) REFERENCES: Other than previous employers or relatives.

Name	Mailing Address	Phone	Relationship

ADDITIONAL REMARKS:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. Any misrepresentation by addition or omission of fact on this application may result in my dismissal. I grant permission to make an investigation of my personal references, law enforcement agencies, education institutions, or other individuals and agencies. *I also grant permission to contact my references and former employers with the following exception(s):*

Signature of Applicant: _____ **Date:** _____