CERTIFIED PERSONNEL APPLICATION

Hazard Independent Schools
705 Main Street
Hazard, KY 41701
(606) 436-3911
(606) 436-2742 fax
www.hazard.kyschools.us

An Equal Opportunity Employer – The Hazard Independent Schools District does not discriminate on the basis of race, gender, religion, age, national origin, or disability.

IMPORTANT: Before consideration for employment, the candidate must have the following on file with the Hazard Independent Schools Board of Education Office.

1. Completed application form
2. Current resume
3. Three current letters of reference
4. Copies of college/university transcripts
5. Copy of current Kentucky teaching certificate

If offered employment, the candidate must have the following on file with the Hazard Independent Schools Board of Education Office prior to beginning work:

1. Physical exam on form supplied by Superintendent's Office
2. T.B. skin test
3. Substance abuse test
4. Criminal background check

Date _____ , 20____

APPLICANT INFORMATION

LAST	FIRST	MIDDLE

Present Address _____

Permanent Address _____

Phone _____

Email address _____

APPLYING FOR THE POSITION OF:

_____

(INDICATE SUBJECTS IN ORDER OF PREFERENCE)

Interested in being a Substitute Teacher? _____

PERSONAL DATA

Area of Certification and Type	State	Expiration Date

References: These should be persons qualified to answer questions concerning your fitness for the position you seek. Include especially superintendents and principals under whom you have taught who have first-hand knowledge of your character, personality, scholarship and teaching ability.

	NAME	ADDRESS	PHONE	POSITION
1.				
2.				
3.				

Education: Please complete only the information that relates to your area of certification.

NAME OF INSTITUTION	DATES ATTENDED	DEGREE OR DIPLOMA	MAJOR	MINOR
	FROM: TO:			
	FROM: TO:			
	FROM: TO:			
	FROM: TO:			

EXPERIENCE

BEGIN WITH MOST RECENT EXPERIENCE.

EMPLOYER NAME AND LOCATION	DATES	POSITION AND MAJOR DUTIES	REASON FOR LEAVING
EMPLOYER NAME: ADDRESS: SUPERVISOR: PHONE NUMBER:	FROM: TO:		
EMPLOYER NAME: ADDRESS: SUPERVISOR: PHONE NUMBER:	FROM: TO:		
EMPLOYER NAME: ADDRESS: SUPERVISOR: PHONE NUMBER:	FROM: TO:		
EMPLOYER NAME: ADDRESS: SUPERVISOR: PHONE NUMBER:	FROM: TO:		
EMPLOYER NAME: ADDRESS: SUPERVISOR: PHONE NUMBER:	FROM: TO:		

Are there any activities you have been involved in, special skills or honors you have received that you would like for us to be aware of?

_____

_____

_____

_____

_____

Please list any areas of coaching interests.

_____

_____

_____

_____

_____

_____

_____ Yes	_____ No	Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than $100.00)
_____ Yes	_____ No	Do you give us permission to contact your present employer about your application with our system? If no, please explain: _____
_____ Yes	_____ No	Are you under contract at the present time? Where: _____ Beginning date of contract: _____ Ending date of contract: _____
_____ Yes	_____ No	Have you served in the U.S. Armed Forces? Branch of Service: _____ Beginning date of duty: _____ Ending date of duty: _____
_____ Yes	_____ No	Have you ever been employed by the Hazard Independent Schools? Position/location: _____ Beginning date: _____ Ending date: _____ Reason for leaving: _____
_____ Yes	_____ No	Are you related to a Hazard Independent Schools Board of Education member or the Superintendent? Related to: _____ How related: _____

PLEASE READ BEFORE SIGNING

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any falsification, misrepresentation or omission on this application or during the interview process may be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this section should be directed to any employment interviewer before signing.

The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Applications will be kept on file for two (2) Years.

I acknowledge that I have read and understand the above statement.

APPLICANT SIGNATURE_____DATE_____