MIDDLESBORO INDEPENDENT SCHOOLS
220 North 20th Street
Middlesboro, KY 40965
(606) 242-8800

NON-TEACHING EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Full-time_____

Substitute_____

GREETINGS

We welcome your application for employment consideration with the Middlesboro Independent Schools.

The Middlesboro Board of Education is an equal opportunity employer and as such prohibits discrimination because of race, color, religion, sex, national or ethnic origin, or political affiliation. The Board of Education has also, by formal resolution, indicated its intention to comply with all provisions of TITLE IX of the Educational Amendments of 1972.

We are an EDUCATION IS ESSENTIAL employer and pledge to hire those individuals who are high school graduates or who have earned the GED certification. When an opening occurs, we are interested only in finding the person with the best qualifications, attitude, and desire to fill the position successfully, productively and happily.

Thank you for making application for employment with the Middlesboro Independent School System.

Dr. Jamie Johnson

Dr. Jamie Johnson
Interim Superintendent of Schools

NOTE: Unless reactivated by written request this application will be destroyed three (3) years fom the date of its filing.

PERSONAL

Name (Last) (First) (Middle) Date

Address City State Zip

Social Security No. Home/Cell

Email Address

Have you ever applied for employment with us?
_____Yes _____ No If yes: Month_____ Year_____ Position_____

Position Desired
Instructional Assistant (Aide) Secretary Cafeteria Bus Driver Custodian Maintenance Other

Are you available for full-time work? _____Yes _____No

Will you work overtime if asked? _____Yes _____No

When will you be available to begin work?_____

Voluntary Ethnic Identification_____

MILITARY

COMPLETE THIS SECTION IF OU SERVED IN THE U.S. ARMED FORCES

Branch of Service Period of Active Duty (Month & Year)

From To

Rank at Discharge

Received Honorable Discharge? _____ Yes _____No

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YRS. COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
Elementary					
High/GED					
College					
Other					

SKILLS

Describe any other attributes: (Machines, computer, etc.)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

CURRENT

1	Company Name	Telephone ( ) -
	Address From_____ To_____	Employed (State Month & Year)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	Telephone #	May we contact this Employer _____Yes _____No

PREVIOUS

2	Company Name	Telephone ( ) -
	Address From_____ To_____	Employed (State Month & Year)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	Telephone #	May we contact this Employer _____Yes _____No

PREVIOUS

3	Company Name	Telephone ( ) -
	Address From_____ To_____	Employed (State Month & Year)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	Telephone #	May we contact this Employer _____Yes _____No

Have you been convicted of a felon in the last five years? ☐ Yes ☐ No

If Yes, state nature of conviction, place and outcome/disposition below:

_____

_____

_____

PLEASE DESCRIBE:

Have you received workmen's compensation or Disability Income payments? ☐ Yes ☐ No If Yes, describe

_____

IN CASE OF EMERGENCY NOTIFY

NAME **ADDRESS** **PHONE NO.**

PROFESSIONAL REFERENCES

Name and Complete Address (include zip code) **Position or Title**

1. _____ _____

_____ _____

_____

Telephone # _____

2. _____ _____

_____ _____

_____

Telephone # _____

3. _____ _____

_____ _____

_____

Telephone # _____

SIGNATURE

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and all references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that a criminal record check will be required as a condition of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future."

Signature _____ **Date** _____

PLEASE RETURN THE COMPLETED APPLICATION TO:

Dr. Jamie Johnson
Interim Superintendent of Schools
220 N. 20th Street
Middlesboro, KY 40965

Three States Printing - 606-248-1145