

MIDDLESBORO INDEPENDENT SCHOOLS

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

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, political affiliation, age or disability in employment. 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.

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.


William E. Jones
Superintendent of Schools

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

Personal Data

Name	(Last)	(First)	(Middle)	Date
Address	City		State	Zip
Social Security No.			Home/Cell	
Voluntary Ethnic Identification				
Email				

Military

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

Branch of Service	Period of Active Duty (Month & Year)
From	To
Rank at Discharge	
Received Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Education

	Name & Address of Institution	Course of Major	Dates of Attendance				Degree & Year	Rank or Grade Point Average
			From		To			
			Mo.	Yr.	Mo.	Yr.		
HIGH SCHOOL								
COLLEGE/ UNIVERSITY								
GRADUATE SCHOOL								

STUDENT TEACHING

STUDENT TEACHING							
Name and Address of School	Subject and/or Grade	Dates of Attendance				Mark Earned	Name of Teacher
		From		To			
		Mo.	Yr.	Mo.	Yr.		

Supervising Teacher from Teacher Training Institution

When Will You Be Available for Employment

Underscore once those activities which you are able to direct; underscore twice those activities with which you are able to assist; vocal music, instrumental music, publications, dramatics, debate, art, football, basketball, track, swimming, tennis, golf, gymnasium, cross country, wrestling, playground activities.

List your Campus & Community Activities.

Certification

STATE

TYPE

NUMBER

EXPIRATION DATE

At which grade levels do you wish to teach?

_____ ELEMENTARY _____ MIDDLE SCHOOL _____ HIGH SCHOOL

List position you are applying for. _____

Are you currently pursuing an alternative certification (Option 6)? If so, what area?

Employment Experience

CURRENT

Name and Address of Employer	Building
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Dates Employed From _____ to _____	Grade and/or Subject Taught
---------------------------------------	-----------------------------

Name of Last Principal	Starting Salary	Present or Last Salary
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Brief Description of Duties (Including Extracurricular Responsibilities)

Reason for Leaving	Telephone #	May we contact this Employer _____ Yes _____ No
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PREVIOUS

Name and Address of Employer	Building
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Dates Employed From _____ to _____	Grade and/or Subject Taught
---------------------------------------	-----------------------------

Name of Last Principal	Starting Salary	Present or Last Salary
------------------------	-----------------	------------------------

Brief Description of Duties (Including Extracurricular Responsibilities)

Reason for Leaving	Telephone #	May we contact this Employer _____ Yes _____ No
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PREVIOUS

Name and Address of Employer	Building
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Dates Employed From _____ to _____	Grade and/or Subject Taught
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Name of Last Principal	Starting Salary	Present or Last Salary
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Brief Description of Duties (Including Extracurricular Responsibilities)

Reason for Leaving	Telephone #	May we contact this Employer _____ Yes _____ No
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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:

In case of Emergency, Notify: _____
Name Address Phone

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:

William E. Jones

Superintendent of Schools

220 N. 20th Street

Middlesboro, KY 40965