

**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.

  
**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.

<b>P E R S O N A L</b>	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 _____					

<b>M I L I T A R Y</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>	
	Branch of Service _____	Period of Active Duty (Month & Year) _____
	From _____	To _____
	Rank at Discharge _____	
	Received Honorable Discharge? Yes _____ No _____	

<b>E D U C A T I O N</b>	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YRS. COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
	Elementary					
	High/GED					
	College					
	Other					

<b>S K I L L S</b>	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 _____ Yes this Employer _____ 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 _____ Yes this Employer _____ 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 _____ Yes this Employer _____ 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:

**William E. Jones**

Superintendent of Schools

220 N. 20th Street

Middlesboro, KY 40965