

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.

FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A NATIONAL AND STATE CRIMINAL HISTORY BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT

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

Note: Application will not be considered if certification is not attached (letter from college/university is acceptable).

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. National and State 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	DEGREE OR	MAJOR	MINOR
	ATTENDED	DIPLOMA		
	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.

<input type="checkbox"/> Yes	<input type="checkbox"/> 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)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you give us permission to contact your present employer about your application with our system? If no, please explain: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you under contract at the present time? Where: _____ Beginning date of contract: _____ Ending date of contract: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you served in the U.S. Armed Forces? Branch of Service: _____ Beginning date of duty: _____ Ending date of duty: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been employed by the Hazard Independent Schools? Position/location: _____ Beginning date: _____ Ending date: _____ Reason for leaving: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you related to a Hazard Independent Schools Board of Education member or the Superintendent? Related to: _____ How related: _____

List all states in which you have maintained residency	Beginning Date	Ending Date
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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 _____