

CLASSIFIED 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. High school diploma, GED, or documentation of enrollment and satisfactory progress in a GED program.

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 _____

Phone: _____

Social Security Number _____

APPLYING FOR THE POSITION OF:

Interested in being a Substitute ? _____

PERSONAL DATA

References: These should be persons qualified to answer questions concerning your fitness for the position you seek. Include especially persons who have first-hand knowledge of your character, personality, qualifications and work habits.

| NAME | ADDRESS | PHONE | POSITION |
|------|---------|-------|----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Education / Training:

| 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?

| | | |
|-------------------------------------|------------------------------------|--|
| <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: _____ |

To be completed by bus driver applicants only.

Current Driver's License: Operator's _____ CDL _____

Other _____ Number _____ State _____

Have you had any type of vehicle accident in the last three years?

Yes _____ No _____ If yes, give approximate date(s) _____

Have you been arrested for a moving traffic violation in the past three years?

Yes _____ No _____ If yes, give approximate date(s) _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

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 _____