

Application For Certified Employment



Paintsville Independent Schools

305 Second Street
Paintsville, Kentucky 41240

(606) 789-2654
Fax (606) 789-7412

	Received	
	Interviewed	
	Criminal Check	
	Certificate	
	Physical	
	Active for 3 years	
FOR OFFICE USE ONLY		

PERSONAL DATA

Name _____
(Last) (First) (Middle)

Social Security Number _____

Present Address _____
(Street) (City) (State) (Zip)

Telephone (____) _____

Permanent Address _____
(Street) (City) (State) (Zip)

Telephone (____) _____

CERTIFICATION

A copy of a Kentucky teaching certificate is required. For Interns, a copy of a Kentucky Teacher Internship Statement of Eligibility is required.

Please indicate levels/areas of Kentucky teaching certification:

- _____ 1-8
- _____ K-4/Self-Contained 5-6
- _____ 5-8: Area _____
- _____ 7-12: Area _____ Major _____ Minor _____
- _____ 9-12 / Dept. 7-8: Area _____ Major _____ Minor _____
- _____ K-12: Area _____
- _____ Special Education: Exceptionality _____
- _____ Vocational Education: Area _____

List administrative certificate/endorsements: _____

Is this Application for a posted position _____
substitute position _____ other _____



PROFESSIONAL PREPARATION

*A transcript of all graduate and undergraduate work is required.

High School/College/University and Location	Date of Attendance	Type of Degree	Hours Earned	Year Earned	Major	Minor

Number of undergraduate credits _____ Number of credits beyond graduate degree _____

Scholastic honors and/or positions of leadership _____

PROFESSIONAL EXPERIENCE (List most recent)

School and District	Address	Dates Employed	Assignment	Supervisor

List other school assignments in which you have participated during your teaching career, (e.g., organization sponsor, coach, district committees, etc.) _____

NONTEACHING WORK EXPERIENCE

Firm	Location	Dates Employed	Supervisor	Kind of Work Performed

List experiences you have had working with children in nonschool settings _____

What co-curricular activities would you like to direct/sponsor? _____

Military: Branch _____ Dates Served _____ Type of Discharge _____

PROFESSIONAL INVOLVEMENT (List professional memberships and offices held.)

Name of Organization	Office	Number Years Membership

List professional activities you have participated in such as attendance at workshops and conferences, travel, presentations at professional meetings, articles published, etc.

Date	Activity

Professional honors received _____

NOTE: Additional information which the applicant wishes to submit may be attached.

REFERENCES

References must include the names of principals and or superintendents under whom you have worked, including your most recent supervisor, Beginning teachers must include the names of their cooperating teacher. If you have a placement file, you may request that the placement file be used in the place of the reference section listed, but only if the placement file contains at least three professional references including your most recent supervisor. It is preferred that the applicant request that credentials from Placement Files (Services) be sent to us.

Name	Street Address City, State, Zip	Position/ Occupation
<i>Professional References:</i>		
1.		
2.		
3.		
<i>Personal References:</i>		
1.		
2.		
3.		

Are you related to any member of the Paintsville Independent Board of Education? ___ yes ___ no

Are you related to the Superintendent of Schools? ___ yes ___ no

If related to the Superintendent or any Board Member, please explain: _____

I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge, and that I am aware that any false statements or misrepresentations or omissions of the facts will be sufficient cause for dismissal.

I understand that the Paintsville Independent School District may want to verify the statements I have made in this application. I hereby give my permission for the Paintsville Independent School District, either at this time or at any time during my employment, to request and review employment records from previous employers, court records and police records from any local, state or federal agency keeping such records. I also authorize the Paintsville Independent School District to obtain oral and written recommendations from the persons listed on this application as personal references.

Date _____

Signature of Applicant _____

**FOR THIS TYPE OF EMPLOYMENT,
STATE LAW REQUIRES AN OFFICIAL
CRIMINAL RECORD CHECK AS A
CONDITION OF EMPLOYMENT.**

DISCRIMINATION POLICY: It is the policy of the Paintsville Independent Board of Education that no persons be subjected to discrimination on the basis of race, color, national origin, religion, sex, age, marital status or handicap in employment or in any admission or access to, or treatment in any of its programs and activities. The Paintsville Independent Board of Education will comply with Title IX, Title VI, Section 504, and all other requirements of state and federal laws concerning nondiscrimination.

• Send this application to Superintendent of Schools •