

CLASSIFIED APPLICATION

Edmonson County Board of Education

100 Wildcat Way, P.O. Box 129
Brownsville, KY 42210
(270) 597-2101

I. PERSONAL DATA

Date _____

Name _____ S.S.# _____

Present Address _____

_____ Telephone # _____

Permanent Address _____

_____ Telephone # _____

Email Address _____

Applying for: _____

Also check all that apply:

- Maintenance, Transportation, Food Service, Custodial, Clerical, Instructional, Bus Monitor

A completed application will contain the following

- 1) Application form, fully completed,
2) Copy of current resume
3) Copy of the most recent transcript of all undergraduate and graduate course work (if applicable)
4) Copy of most recent Kentucky certificate or statement of eligibility (if applicable), and
5) Three Confidential Reference forms received

The Edmonson County Board of Education's employment procedures comply with the following:

- (1) Pursuant to Title IX, Title VI, and section 504 - qualified applicants are considered without regard to race, color, national origin, religion, marital status, age, sex, or handicap. Any person having inquiries about compliance with these requirements is directed to contact the superintendent, P.O. Box 129, Brownsville, KY 42210, (270) 597-2101.
(2) Pursuant to KY HB 940, any relative of the Superintendent or Board Member is not eligible for employment with Edmonson County Schools. "Relative" is defined as father, mother, brother, sister, husband, wife, son, daughter, aunt, uncle, son-in-law, or daughter-in-law.
(3) Pursuant to KRS 161.380, every new certified hire must be fingerprinted and a state and national background check completed.
(4) Pursuant to the Immigration Reform and control Act of 1986, each new employee must verify eligibility to work in the United States. New employees must fill out a Form I-9 and show documentation of eligibility to work in the United States

MI
First
Last

Employment Experience: Please list your job history for the past five years or last three employers. Include US Military Service or previous Edmonson County School District experience.

Company Name & Address	Dates Employed	Position Title and Description of Duties	Reason for Leaving
	From: To:	Supervisor:	
	From: To:	Supervisor:	
	From: To:	Supervisor:	

Education and Training: Proof of education must accompany this application for you to be considered for employment. This includes copy of GED, high school diploma, college transcript or vocational transcript.

School	Address of School	Date(s) Attended	Degree, Diploma or Certificate Earned	Major/Minor Field of Study
High School:				
College or University:				
Vocational Training:				

References: Include individuals who can speak to your work abilities. (no relatives)

Name	Address	Telephone Number

IMPORTANT: TO BE READ AND SIGNED BY APPLICANT

I hereby certify that the above information is true, accurate, and complete. I understand and acknowledge that the Edmonson County School District may rely on this application and other data I may submit and that any misrepresentations contained in this application or other data that I submit shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, I understand that this application and other data submitted by me otherwise obtained will be part of my permanent record and will become the property of the Edmonson County School District. I further agree to observe all rules, regulations, and policies of the Edmonson County School District now in force and effect or as they may change during my employment, if I am employed.

I also hereby authorize the Edmonson County School District to investigate my background, contact my personal references, and perform a criminal record check to determine my acceptability for employment. I understand that the results of the investigation are confidential and privileged and that I have a right to review these results.

Signature of Applicant

Date

The following must be completed by bus driver applicants ONLY:

Driver's License #, Operators: _____ Chauffeur's: _____ State: _____

Have you had any type of vehicle accident in the last three years? Yes _____ No _____

If yes, give approximate date(s): _____

Description of accident(s): _____

Have you been cited or arrested for a traffic violation in the last three years? Yes _____ No _____

If yes, give approximate date(s): _____

List any citation(s) you have received: _____

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

Do you use intoxicants? Yes _____ No _____

Do you use prescription drugs? Yes _____ No _____ Explain _____

Are you presently under a doctor's care? Yes _____ No _____ If yes, for what condition? _____

NOTE: A safety check may be made through the Frankfort Motor Vehicle Division in Frankfort, KY

For Employer's use only

____ Application complete

____ Applicant File Complete

____ Transcript

____ Acknowledged

____ Certificate/Statement

____ Interview

____ Resume

____ Recommended to Supervisor/Principal

____ Conf. Reference

____ Employed / Outdated

____ Conf. Reference

____ Conf. Reference