

AUGUSTA INDEPENDENT SCHOOLS

Certified Application for Employment

Last Name:	First Name:	Middle Name
Current Street Address:		City:
State:	Zip Code:	
Home Phone Number:	Work Phone Number:	
Social Security Number:	Driver's License Number:	
E-mail Address:		

Position Desired

Please indicate position(s) desired by listing in order or preference with the number of 1 being your first choice.

- | | |
|-----------------------------------|-----------------|
| _____ Administrative _____ | (Title) |
| _____ Elementary Teacher _____ | (Grade/Subject) |
| _____ Middle School Teacher _____ | (Grade/Subject) |
| _____ Secondary Teacher _____ | (Grade/Subject) |
| _____ Substitute Teacher _____ | |
| _____ Other _____ | (List) |

**FOR ANY OF THE POSITIONS LISTED ABOVE,
STATE LAW REQUIRES A CRIMINAL RECORD CHECK
AS A CONDITION OF EMPLOYMENT.**

The Augusta Board of Education is an *equal opportunity employer*. Applicants will receive consideration without regard to race, color, national origin, sex, religion, age, veteran's status or disability and is required by Title IX of the Education Amendments of 1972 (P.L. 92-318) not to discriminate in such manner.

I. GENERAL INFORMATION

Yes	No	
_____	_____	Are you legally eligible for employment in the United States?
_____	_____	Do you have special training or skills (languages, machine operations, etc.)? If yes, describe. _____ _____
_____	_____	Can you begin work immediately? If no, when can you start? _____
_____	_____	Are any of your relatives employed by the Augusta Board of Education? If yes, list name(s) _____
_____	_____	In the past ten years, have you been convicted of a crime that has not been annulled, expunged or sealed by a court?
_____	_____	Are you a relative of the Superintendent of the Augusta Board of Education?
_____	_____	Have you ever been removed or dismissed from any position? If yes, explain. _____ _____
_____	_____	Are you a member of the Kentucky Teacher Retirement System? If yes, how many years? _____
_____	_____	Have you taken the Graduate Record Examination? If yes, will you send the results to us? _____
_____	_____	Have you previously been employed by the Augusta Board of Education? If yes, under what name? _____ When? _____ In what capacity? _____

II. EDUCATIONAL & PROFESSIONAL PREPARATION

Institution	Name City, State	Dates Attended	Diploma/Degree	Major/Minor
High School				
College				
Graduate School				
Other				

III. CERTIFICATION

Please list positions or subject areas for which you hold certification:

If known, please supply the following information:

Kentucky Certificate Number:	Date Issued:
Kentucky Certification Type: _____ Provisional _____ Standard	Rank:
Other State Certification: _____ Yes _____ No (List)	Date Issued:

IV. EMPLOYMENT HISTORY

A. Previous Education Employment Experience (List in order beginning with most recent.)

Dates (Year/Year)	Number of Years Taught	Position	School District	Supervisor

Company Name and Address	Position Held	Dates (Month/Year)
_____ _____ _____		From _____ To _____
_____ _____ _____		From _____ To _____
_____ _____ _____		From _____ To _____

VI. REFERENCES

List five references, including former employers, professors, etc. Beginning teachers should include supervising teacher and college coordinator of student teaching. Experienced teachers should include present principal and/or supervisor. Do not list relatives or prospective in-laws.

<i>1. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
----------------------------------	----------------	-----------------------------	--------------------------

_____	_____	_____	_____
_____	_____	_____	_____
()	_____	_____	_____

<i>2. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
----------------------------------	----------------	-----------------------------	--------------------------

_____	_____	_____	_____
_____	_____	_____	_____
()	_____	_____	_____

<i>3. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
----------------------------------	----------------	-----------------------------	--------------------------

_____	_____	_____	_____
_____	_____	_____	_____
()	_____	_____	_____

<i>4. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
----------------------------------	----------------	-----------------------------	--------------------------

_____	_____	_____	_____
_____	_____	_____	_____
()	_____	_____	_____

<i>5. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
----------------------------------	----------------	-----------------------------	--------------------------

_____	_____	_____	_____
_____	_____	_____	_____
()	_____	_____	_____

**Your Photograph
(OPTIONAL)**

I authorize a references check, a criminal records check, and investigation of all statements contained in this application. I understand that if information provided is inaccurate, any contract offered me is void.

Authorization is hereby given to the Augusta Independent School System to obtain copies of all evaluation documents relating to previous employment for the immediate past three (3) years.

Permission is hereby granted to previous employers to release such documents to the Superintendent/Designee of Augusta Independent Schools.

Applicant's Signature _____ Date ____/____/____