

GLASGOW BOARD OF EDUCATION

THE LEARNING TEAM

1108 CLEVELAND AVENUE  
P.O. BOX 1239  
GLASGOW, KY 42142-1239  
270-651-6757



PROFESSIONAL APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

ELEMENTARY: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ SECONDARY: \_\_\_\_\_

GRADE PREFERENCE: \_\_\_\_\_ SUBJECT PREFERENCE: \_\_\_\_\_

EXTRACURRICULAR: \_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE TEACHING ? \_\_\_\_\_

CERTIFICATION INFORMATION

(Please attach copies)

Certificates Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valid Until: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificates Pending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Glasgow Independent School District does not discriminate on the basis of gender, age, religion, marital status, race, ethnic origin, national origin or disability in its employment practices.

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Location: \_\_\_\_\_

Receipt Acknowledged: \_\_\_\_\_

Rank: \_\_\_\_\_

Date Hired: \_\_\_\_\_

Years Experience: \_\_\_\_\_

Position: \_\_\_\_\_

Date Recorded in Minutes: \_\_\_\_\_

Date Application Expires: \_\_\_\_\_



**PROFESSIONAL EXPERIENCE:** (Regular full-time teaching under contract)

School	Complete Address	From	To	Grade/Subject

Total years of experience: \_\_\_\_\_

Reason for leaving present or last position: \_\_\_\_\_

Do you now or have you held tenure as a Kentucky teacher? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you currently under contract? \_\_\_\_\_ If yes, where? \_\_\_\_\_

*DO NOT CONTACT*

We may contact the employers listed above unless Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_  
 you indicate those you do not want us to contact. \_\_\_\_\_

**REFERENCES:** List four individuals having personal knowledge of your professional training, ability, experience, and personal character. Include the name, address, and telephone number of your last administrator.

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ (A/C)
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ (A/C)
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ (A/C)
4. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ (A/C)

**ATTACHMENTS:** Please attach a résumé, copies of transcripts and teaching certificates.

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

Application will be kept on file and active for three (3) years or until applicant has accepted employment. Please advise personnel office of change in employment status.

**PERSONAL STATEMENT:** Please write in the space provided here a statement as to your reasons for choosing education as your profession and for applying to this school system.

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I certify that all the 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 will be sufficient cause for rejection or dismissal.

I hereby authorize the transfer of all school records as defined by PL-93-380 and amendments thereto. I further authorize the Glasgow Independent School District to contact the listed reference sources and their release of information without notifying me that the records and information are being transferred. I understand that the school district may want to verify the statements I have made in this application. I hereby give my permission for the Glasgow Independent School District or its authorized representative either at this time or any time during my employment with the school district, to request and review any of my medical records, employment records, court records, and police records from any local, state or federal agency keeping such records. Records, references and information transferred by this release are not to be transferred to any other third party by the Glasgow Independent School District without my written consent.

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Applicant Signature

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Date Received