

GLASGOW BOARD OF EDUCATION

THE LEARNING TEAM

1108 CLEVELAND AVENUE

P.O. BOX 1239

GLASGOW, KY 42142-1239

270-651-6757



CLASSIFIED APPLICATION

Position for Which You Are Applying:

Secretary Teacher's Aide Cook Custodian
Bus Driver Paraprofessional

NAME LAST FIRST MIDDLE U.S. Citizen Yes No

ADDRESS NO. & STREET CITY STATE ZIP

PHONE SOCIAL SECURITY NO.

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

Applications 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.

Are you related to any member of the Board and/or the Superintendent of Glasgow Independent Schools? Yes No

If yes, Name: Relationship

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

FOR OFFICE USE ONLY

Date Received: Location:

Date Hired: Position:

Date Application Expires:

Date Recorded in Minutes:

EDUCATION

High School Graduate Yes No GED (General Equivalency Diploma) Yes No
School Attended _____ Date Received _____
Date of Graduation _____
Vocational Training _____
(List Date(s) and School(s)) _____
Other Training _____

Please attach a copy of your high school diploma or GED.

WORK EXPERIENCE

Dates of
Employment Employer Address Contact Person Phone (A/C)

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT
Employer Number(s) _____
Reason _____

REFERENCES

Name Address Relationship Phone (A/C)

Write a brief statement as to your reason for seeking employment with this school district.

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.

Applicant Signature

Date