

Jackson City School

Return Completed Application To:

Jackson Independent School District
940 Highland Avenue
Jackson, KY 41339
Phone: (606) 666-4979
Fax: (606) 666-4350

APPLICATION - CLASSIFIED POSITION

Date _____

Personal Data

Name _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (ZIP Code)

Permanent Address _____
(Street) (City) (State) (ZIP Code)

Social Security Number _____ Telephone _____

List the name, address, and telephone number of a person who will be able to contact you if we should be unable to reach you at your present address/telephone:

Position Preference

Grade or Subject Preference

1st Choice _____

2nd Choice _____

EDUCATIONAL BACKGROUND

High School Attended _____ Address _____

Year Graduated _____ City _____ State _____

Universities/College(s) Attended _____ Dates _____ Degrees _____

Please List Any Special Services You Are Willing To Perform (Club Sponsor, Coach, Etc.)

REFERENCES

Please list three individuals who know about your work experience:

Name	Address	Phone	Occupation
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SECURITY INFORMATION

All applicants must sign and date this section. DISHONESTY OR FAILURE TO FULLY DISCLOSE UNDER THIS SECTION SHALL BE GROUNDS FOR NON-CONSIDERATION OR DISMISSAL, REGARDLESS OF THE NATURE OF THE OFFENSE. FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A CRIMINAL RECORDS CHECK AS A CONDITION OF EMPLOYMENT.

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY (PAID FINES, ETC.) TO ANY FELONY OR MISDEMEANOR VIOLATION, OTHER THAN A MINOR TRAFFIC OFFENSE? _____

IF YOUR ANSWER IS YES, A DETAILED EXPLANATION **MUST** BE SET OUT BELOW

ARE YOU A RELATIVE OF THE SUPERINTENDENT? _____

ARE YOU A RELATIVE OF A SCHOOL BOARD MEMBER? _____

IF YOU ANSWER YES TO EITHER QUESTION, LIST RELATIONSHIP:

Signature of Applicant _____

CAREER INFORMATION

Why are you interested in employment with the Jackson Independent School District?

ADDITIONAL REQUEST

Before an application will be considered for review, the following must be on file in our central office:

- Two letters of recommendation from persons who have observed you in a work related environment
- Resume`
- High School and/or College Transcript(s)

We welcome your application to teach in Jackson City School. Your application will be placed on file for consideration when vacancies occur. It will remain on file for one year. Should you desire to reapply after that time, an updated application must be submitted.

I understand that the Superintendent or the designee may make inquiries which will provide job performance information, and I request that each present or former employer, school, and person given as a reference to answer questions that may be asked regarding my potential for success in the position for which I have applied.

I understand it may be necessary for members of school-based decision making councils and members of personnel review committees established by the council and principal to review my personnel file in connection with my employment. I hereby grant permission for this.

I understand that any false statements or omissions in connection with questions asked on this application shall be just cause for disqualification for employment or immediate dismissal, anything in agreement of employment between the Superintendent and me to the contrary notwithstanding.

I recognize that if I am employed, the Superintendent will assign or reassign me to a specific position as the need requires throughout the term of my employment. Such assignments or reassignments will be consistent with appropriate administrative guidelines, areas of certification, and Kentucky Revised Statutes.

Signature of Applicant _____ Date _____

The Jackson Independent Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or handicap in employment, educational programs, or activities as set forth in Title IX, and section 504.

Classified
Application Procedures

All applicants shall submit the following required documentation or take the appropriate action as specified:

TRANSCRIPT (S)

A copy of the most recent transcript(s) of all high school and college course work shall be submitted to the central office.

CRIMINAL RECORD CHECK

For this type of employment, STATE LAW (160.380) REQUIRES A CRIMINAL RECORDS CHECK AS A CONDITION OF EMPLOYMENT. The District will make appropriate inquiries with law enforcement agencies to ascertain if criminal records exist for applicants. A money order in the amount of \$10.00, payable to the Kentucky State Treasurer, and a money order in the amount of \$24.00, payable to the FBI, is the required fees for the criminal records check. In order to complete this requirement, a fingerprint card may be acquired at the central office.

CONFIDENTIAL REFERENCES

At least three confidential references are required. Provide specific and correct names, addresses, and zip codes and phone numbers. **DO NOT LIST RELATIVES OR PROSPECTIVE IN-LAWS.**

Applications must be completed in detail. Applicants are responsible for advising the Central Office in writing of any change in the information submitted on the application.