

Washington County School District

120 Mackville Hill

Springfield, KY 40069

Phone 859-336-5470 Fax 850-336-5480

www.washington.kyschools.us

PROFESSIONAL APPLICATION CERTIFICATION INFORMATION

I. PERSONAL INFORMATION

Last Name _____ First _____ MI _____

Email _____ SSN# _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Are you related to any Washington County Board of Education member? _____ Yes _____ No
Any school personnel? _____ Yes _____ No Any SBDM Council Member? _____ Yes _____ No
If "yes" to any of the above please list names and positions: _____

II. POSITION DESIRED

_____ Administrative: Title _____ School _____

_____ Guidance Counselor: School _____ (Grade Levels) _____

_____ Elementary Teacher: School _____ (Grade/Area) _____

_____ Middle School Teacher: School _____ (Grade/Area) _____

_____ Secondary Teacher: School _____ (Grade/Area) _____

_____ Substitute: School _____ (Grade/Area) _____

_____ Other: _____

III. PROFESSIONAL INFORMATION

Areas of Certification	Grades	Rank	Expiration Date

List any endorsements to the certificates listed above: _____

IV. EDUCATION (List most recent education first.)

Provide a copy of your college transcript.

College/University	Dates Attended	Degree	Major	GPA
Student Teaching	Dates Attended	Subject	Grade	
High School	Dates Attended		Graduated	

V. SUBSTITUTE TEACHING If you checked substitute in Section II, complete the following: (Check all that apply.)

Days Available: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___
Grade Levels: Early Primary ___ Elementary ___ Middle ___ High ___
Preferred Subjects: Any _____ Specify Content _____

VI. TEACHING AND OTHER WORK EXPERIENCE (List most recent first.)

From: Mo/Yr: _____ To: Mo/Yr _____

Title of Position: _____

Name of Employer: _____

Address/Phone # _____

Immediate Supervisor: _____

Reason for Leaving: _____

From: Mo/Yr: _____ To: Mo/Yr _____

Title of Position: _____

Name of Employer: _____

Address/Phone # _____

Immediate Supervisor: _____

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From: Mo/Yr: _____ To: Mo/Yr _____

Title of Position: _____

Name of Employer: _____

Address/Phone # _____

Immediate Supervisor: _____

Reason for Leaving: _____

VII. PROFESSIONAL REFERENCES (Include Principals, Superintendents, Supervisors or others for whom you have recently worked.)

Name	Address/City/State/Zip	Phone #	Position

VIII. PERSONAL REFERENCES (Do not use any Washington Co. School's Central Office Personnel.)

Name	Address/City/State/Zip	Phone #	Relationship

Have you ever worked for or applied for a position with the Washington County Schools before? ___ Yes ___ No

If so, under what name? _____

Date applied _____ Dates Worked _____

Please mark if you are currently under contract with another district. _____

Have you ever been convicted of any crime as an adult? ___ Yes ___ No

If yes, explain: _____

Have you ever been dismissed from or refused re-employment in a classified position?
 ___ Yes ___ No

IX. ACTIVITIES AND HONORS

Academic/community honors/awards: _____

Community/educational organizational membership: _____

X. BRIEF STATEMENT INDICATING REASONS FOR WANTING EMPLOYMENT WITH THE WASHINGTON COUNTY SCHOOL DISTRICT (Attach an additional page if necessary.)

Empty box for writing the brief statement.

XI. APPLICATION CHECKLIST

- Complete Washington County School District application
- Complete transcripts or college credits
- Evidence of certification or eligibility for certification
- Resume
- Three or more letters of recommendation submitted confidentially using the attached reference forms
- For this type of employment, state law requires a state and national background check (fingerprint) and a
- Complete physical including a TB skin test

This application will be kept on file for three years from the date received. After three years, contact the central office human resources staff, in writing, to keep the application active.

I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge, and I am aware that any false statements will be sufficient cause for rejection or dismissal. I understand the Washington County School District may want to verify the statements I have made in this application. I hereby give my permission for the Washington County School District, either at this time or at any time during my employment, to request an review employment records from previous employers, court records and police records from any local, state or federal agency keeping such records. I also authorize the Washington County School District to obtain oral and written recommendations from the persons listed on this application, from all previous employers and from persons listed as personal references.

Signature of Applicant _____ Date _____

COMPLETION OF THIS SECTION IS VOLUNTARY

Information is used ONLY for statistical purposes.

White _____ African American _____ Hispanic _____
Asian _____ Other _____

Public Notice Nondiscrimination Policy:
Students, their parents, and employees of the Washington County School District are hereby notified this school district does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or handicap in employment, education programs, or activities as set forth in the ADA, Title IX, Title VI, and Section 504. This district will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodations. Any person having inquiries concerning the Washington County School District compliance with ADA, Title IX, Title VI, and Section 504 is directed to contact the Superintendent, Washington County Board of Education, 120 Mackville Hill Road, Springfield, KY 40069, phone number 859-336-5470, who has been designated by the Washington County Board of Education to coordinate the district’s efforts to comply with ADA, Title IX, Title VI, and Section 504.

TEACHER REFERENCE FORM

Return to:
 Washington County Bd of Education
 120 Mackville Hill Road
 Springfield, KY 40069

_____ has applied for a position as _____
 with the Washington County Public Schools. We would appreciate your completing this form and returning it to us as soon as possible. **The information will be kept confidential.**

	EXCELS CONSISTENTLY	USUALLY EXCEEDS BASIC REQUIREMENTS	ACCEPTABLE OR SATISFACTORY LEVEL	NEEDS TO IMPROVE	NO BASIS FOR JUDGMENT
Plans and provides for involvement of all students in the learning process					
Utilizes a variety of teaching techniques, resources, materials, and displays subject matter competency					
Maintains appropriate student control and classroom management					
Shows proper tact, judgment, and ethics in working with students, parents, staff, and community					
Is an effective role model in the school and community					
Fulfills attendance and other responsibilities in a dependable and consistent manner					
Speaks and writes effectively and correctly					
Maintains an appropriate professional appearance					

For how long and in what capacity have you known the applicant? _____

Would you employ or reemploy? ____ Yes ____ No

Comments. (Use back of page if needed, and please note if you would prefer a phone call.) _____

Signature of person completing this form _____ Date _____

Organization _____ Position _____

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