

GRAYSON COUNTY SCHOOLS

909 Brandenburg Road • P.O. Box 4009
Leitchfield, KY 42755-4009
(270) 259-4011 • Fax (270) 259-4756



Guiding
Children
to **S**ucceed

Barry Anderson
Superintendent

Charlie Crain
Director of District Wide Services

Sharon Shartzter
Assistant Superintendent
for
Instructional Assessment

Carolyn Thomason
Board Chairperson

Valeria Hayes
Vice Chairperson

Mona Fulkerson
William Allen
Anna Majors
Board Members

MEMO

TO: Teaching Applicants

FROM: Sharyon M. Shartzter
Assistant Superintendent/Instructional Supervisor

SUBJECT: Application for Certified Employment

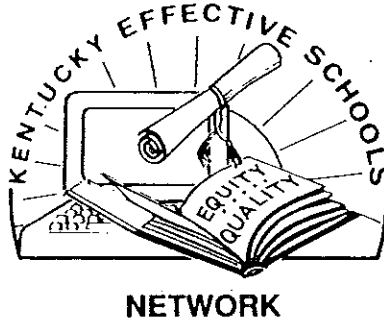
Thank you for your interest in the Grayson County School System. Enclosed is the application you requested. Please return it to the address below and include the following:

- Current College Transcripts
- Teaching Certificate or Statement of Eligibility for Internship
- Letters of Reference (minimum of 3)
- Resume

All applications are kept in an active file for three years. If you wish to update or remove your file from consideration, please contact me.

Sharyon M. Shartzter
Grayson County Board of Education
909 Brandenburg Road
P.O. Box 4009
Leitchfield, Kentucky 42755
(270) 259-4011
(270) 259-4756 (fax)

POSITION: _____
NAME: _____
DATE: _____
Elem. Ed. _____ Sp. Ed. _____
Middle School _____ Major _____ Minor _____
High School _____



GRAYSON COUNTY BOARD OF EDUCATION

P.O. Box 4009, Leitchfield, Kentucky 42755-4009
(270) 259-4011

APPLICATION FOR CERTIFIED EMPLOYMENT

The Grayson County Board of Education offers equal opportunity and treatment to employees and qualified applicants without regard to race, color, creed, sex or national origin. In addition, the Grayson County Board of Education will not discriminate against qualified mentally or physically handicapped employees or applicants.

THIS TYPE OF EMPLOYMENT REQUIRES A CRIMINAL RECORD CHECK.

The Grayson County Board of Education is in no way obligated by the filing of this application, and its acceptance does not indicate there are open positions.

Application will be kept on file for one year after date shown.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name _____ First _____ Middle _____			Date of Birth _____	Race (Optional) _____
	Street Address _____			Home Phone () _____	
	City, State, Zip _____			Business Phone () _____	
	Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Dates of employment _____ Position _____			Social Security No. _____	
	Are you prepared to attend meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No			Serve on committees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will you sponsor activities? (Circle those in which you are interested) Annual; Forensic; Student Council; Music; Class Plays; Service Clubs; Academic Team; Athletics - Specify _____; Subject Matter Club _____; Other _____				
	Type of Employment: Full Time _____ Substitute _____			When will you be available to begin work? _____	
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	How long at present address? _____ Years			How long at previous address? _____ Years	
	Have you ever been convicted of or charged with a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.				
	State names of relatives and friends working for us other than your spouse.				
	Have you received Workmen's Compensation or Disability income payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe.				
	Have you physical defects which preclude you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe limitation.				
	On a blank sheet of paper, please write: (1) A brief statement on why you have chosen teaching as a profession. (2) Your philosophy of education.				

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		Branch of Service _____
	Describe your duties and any special training _____		Period of Active Duty (Month & Year) From _____ to _____
			Rank at Discharge _____
			Date of Final Discharge _____

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR	MINOR	DATES OF ATTENDANCE		DEGREE OR DIPLOMA
					FROM	TO	
	Post-graduate						
	College						
	College						
High							

STUDENT TEACHING

For applicants with no teaching experience

School: _____

Address: _____

Supervising Teacher: _____

Grade/Subject: _____

Telephone: _____

INTERNSHIP

Internship status:

New Intern _____ 2nd Semester Intern _____

Completed _____ year Not necessary _____

NOTE: If you would be employed as an intern teacher, please attach a copy of your Statement of Eligibility/Confirmation of Employment.

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work _____	

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work _____	

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work _____	

* Check if you do not want your present employer contacted _____

List three (3) references who are qualified to verify your qualifications.

DO NOT USE RELATIVES

NAME	ADDRESS	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage in an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

FOR EMPLOYER'S USE ONLY

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EMPLOYER	PERSON CONTACTED	RESULTS

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Interviewer's Name: _____

Date of Interview: _____ Time: _____

COMMENTS:

- Fingerprint on File
- Transcript
- Teaching Certificate
or
- Certificate of Eligibility
- Physical
- Payroll & Insurance Paperwork
Completed

First day active employment: _____ Position: _____