

MIDDLESBORO INDEPENDENT SCHOOLS

220 N. 20th Street  
Middlesboro, KY 40965  
(606) 242-8800

# NON-TEACHING EMPLOYMENT APPLICATION

FILE NO \_\_\_\_\_  
NAME \_\_\_\_\_  
Last \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_  
POSITION \_\_\_\_\_

**AN  
EQUAL  
OPPORTUNITY  
EMPLOYER**

Full-time \_\_\_\_\_

Substitute \_\_\_\_\_

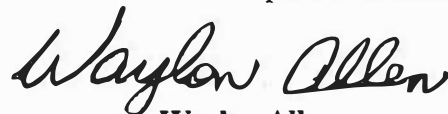
### GREETINGS

We welcome your application for employment consideration with the Middlesboro Independent Schools.

The Middlesboro Board of Education is an equal opportunity employer and as such prohibits discrimination because of race, color, religion, sex, national or ethnic origin, or political affiliation. The Board of Education has also, by formal resolution, indicated its intention to comply with all provisions of TITLE IX of the Educational Amendments of 1972.

We are an EDUCATION IS ESSENTIAL employer and pledge to hire those individuals who are high school graduates or who have earned the GED certification. When an opening occurs, we are interested only in finding the person with the best qualifications, attitude, and desire to fill the position successfully, productively, and happily.

Thank you for making application for employment with the Middlesboro Independent School System.



**Waylon Allen**  
Superintendent of Schools

NOTE: Unless reactivated by written request this application will be destroyed three (3) years from the date of its filing

# APPLICATION FOR EMPLOYMENT

<b>P E R S O N A L</b>	Last Name			First	Middle	Date	Email
	Street Address					Home Phone	
	City		State		Zip	Soc. Sec. No.	
	Have you ever applied for employment with us? _____ Yes _____ No      If yes: Month _____ Year _____ Position _____						
	Position Desired Teacher Aide <input type="checkbox"/> Secretary <input type="checkbox"/> Clerical <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bus Driver <input type="checkbox"/> Custodian <input type="checkbox"/> Maintenance <input type="checkbox"/> Other <input type="checkbox"/>						
	Are you available for full-time work? _____ Yes _____ No						
	If not, what hours can you work?						
	Will you work overtime if asked? _____ Yes _____ No						
	When will you be available to begin work?						
	Voluntary Ethnic Identification						

<b>E D U C A T I O N</b>	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. YRS. COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	Elementary					
	High/GED					
	College					
	Other					

<b>S P E C I A L  T R A I N I N G</b>	Describe any other special training or skills:
	Machines
	Shorthand
	Other

<b>M I L I T A R Y</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>	
	Branch of Service	Period of Active Duty (Month & Year)
		From _____ To _____
	Rank at Discharge	_____
	Received Honorable Discharge? _____ Yes _____ No	

<b>C I V I C</b>	MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
	_____
	_____

# EMPLOYMENT

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

1	Company Name	Telephone ( )—
	Address From _____ To _____	Employed (State Month and Year)
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
		May we contact this Employer _____ Yes _____ No

2	Company Name	Telephone ( )—
	Address From _____ To _____	Employed (State Month and Year)
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
		May we contact this Employer _____ Yes _____ No

3	Company Name	Telephone ( )—
	Address From _____ To _____	Employed (State Month and Year)
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
		May we contact this Employer _____ Yes _____ No

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**PHYSICAL RECORD:**

Do You Have Any Physical Limitations That Preclude You From Performing Any Work For Which You Are Being Considered?  Yes  No

**PLEASE DESCRIBE:**

Have you received Workmen's compensation or Disability Income payments?  Yes  No If Yes, describe.

**IN CASE OF EMERGENCY NOTIFY**

NAME

ADDRESS

PHONE NO.

