

MIDDLESBORO INDEPENDENT SCHOOLS

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

# NON-TEACHING EMPLOYMENT APPLICATION

AN  
EQUAL  
OPPORTUNITY  
EMPLOYER

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

Substitute \_\_\_\_\_

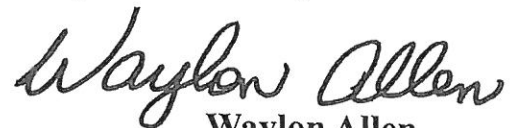
## GREETINGS

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.

<b>P E R S O N A L</b>	Last Name			First	Middle	Date
	Street Address				Home / Cell Phone	
	City		State	Zip	Social Security No.	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month _____ Year _____ Position _____					
	Position Desired Teacher Aid    Secretary    Cafeteria    Bus Driver    Custodian    Maintenance    Other					
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	When will you be available to begin work? _____					
	Voluntary Ethnic Identification _____					
	Email Address _____					

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

<b>S K I L L S</b>	Describe any other attributes: (Machines, computer, etc.)
	_____
	_____

<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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

# EMPLOYMENT

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

## CURRENT

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

## PREVIOUS

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

## PREVIOUS

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

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	TELEPHONE #	YEARS ACQUAINTED
1.			
2.			
3.			

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.

## PROFESSIONAL REFERENCES

Name and Complete Address (include zip code)	Position or Title
1. _____ _____ _____	_____ _____
Telephone # _____	
2. _____ _____ _____	_____ _____
Telephone # _____	
3. _____ _____ _____	_____ _____
Telephone # _____	

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### SIGNATURE

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and all references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that a criminal record check will be required as a condition of employment.

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."

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THE COMPLETED APPLICATION TO:

**Waylon Allen**  
Superintendent of Schools  
220 N. 20th Street  
Middlesboro, KY 40965