

V. Military Experience

Branch of Service	Occupation Specialty (MOS)	Inclusive Dates	Type of Discharge

VI. Other Information

Please list any honors or awards received.

Please list any activities or clubs that you would be interested in sponsoring.

Please list the specific sports that you would be qualified to coach.

Operator's License Number	Expiration Date	Years of Driving Experience

References

Three references are needed for employment with Wayne County Public Schools. Please give the attached employment reference forms to your references (**To be mailed by your references to the Wayne County Public Schools at the address which is provided on the form, any forms hand delivered by the applicant will not be accepted.**) List only those persons who are qualified to evaluate your qualifications for the position sought. Include supervisors, directors, etc., where experience was gained. Complete addresses, including zip codes are required.

Note: Family members may not be used as references.

Work/Professional References:

Name	Address (Street, City, State, Zip)	Phone Number
1.		
2.		
3.		
4.		

Personal References:

Name	Address (Street, City, State, Zip)	Phone Number
1.		
2.		

Please complete if applying for a teaching position and if you have been a student teacher within the past five years.

Name	Title	Address (Street, City, State)	Zip Code
	Cooperating Teacher		
	College Supervisor		

RELATIONSHIPS

Are you related to the Superintendent or members of the Wayne County Board of Education in the following areas?
___mother, ___father, ___brother, ___sister, ___husband, ___wife, ___son, ___daughter, ___nephew, ___niece,
___aunt, ___uncle, ___son-in-law, ___daughter-in-law or ___first cousin.

STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT.

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: (1) traffic violations for which you paid a fine of \$75.00 or less; and (2) any offense, committed before your 21st birthday, that was finally adjudicated in a juvenile court or under a Youth Offender law.) ___ Yes ___ No If you answer is yes, give details on a separate sheet of paper, listing for each offense: (1) date, (2) charge, (3) place, and (5) action taken.

My signature below authorizes the school District to conduct a background investigation and authorizes the release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school District and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application with the knowledge that my answers may be relied upon in considering my application. I further understand that any omission or falsely answered statement made by me on this application, or any supplement to it, will be sufficient grounds for refusal of employment or for my discharge should I become employed with the school District.

Date: _____ Signature of Applicant: _____

OFFICE USE ONLY: Criminal Records Check _____ Date _____

I HEREBY AFFIRM THAT THE INFORMATION ON THIS FORM IS ACCURATE AND CORRECT.

Signature

Date

Wayne County Public Schools
Employment Information
Release Authorization

I, _____
Last First Middle Maiden

Street Address City State Zip Code

Social Security Number Driver's License Number, if different from Social Security Number

Do hereby authorize the local and state police or other law enforcement agencies to search their records for any arrest, conviction, or information they may have regarding me and to make this information available to the Wayne County Public School District, which is my prospective employer.

Date of Birth: _____
Month Day Year

I, _____ hereby affix my signature and release from liability any person authorized to give or receive any information related to my job performance/employment history, including all data and information given in my application for employment, related papers, or oral interviews.

I, therefore, hereby grant authorization to the Wayne County Public Schools at any time prior to or during my employment to:

1. request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors, or co-workers.
2. request verification of credentials from all the educational institutions that I have attended.
3. request any and all materials and information pertaining to any convictions for offenses against the law, including motor vehicle records, if applicable, to the duties of a job for which I am being considered.
4. request from any and all references I have listed, any and all information pertaining to my job performance/employment history as these relate to my ability to perform the duties of a job for which I am being considered. I further understand that I will not be permitted to view any such references.
5. authorize the Wayne County Sheriff's Department, Monticello City Police and the Kentucky State Police to search their records for any arrest, conviction, or information they may have regarding me and to make this information available to the Wayne County Public School District, which is my prospective employer.
- 6.

Signature of Applicant

Date

WAYNE COUNTY PUBLIC SCHOOLS EMPLOYMENT REFERENCE

This form should be **mailed by the reference** to John T. Dalton, Wayne County Schools, 1025 South Main Street, Monticello, Kentucky 42633.

Dear _____,

Date: _____

I am applying for a position as _____ with the Wayne County Public Schools and have named you as a reference who is not related to me. I would appreciate your help in the completion of the bottom of this page. The information you furnish is confidential and will only be seen by the District's Personnel Office.

Sincerely,

Candidate's Name: _____ Address: _____

Authorization to release information (candidate's signature required)

I hereby authorize any previous employer to supply reference and verification information regarding my employment with them.

Candidate's Signature: _____ Date: _____

How long have you known the applicant? _____

What position did the applicant hold? _____

What was your official relationship to the applicant? _____

State any exceptional physical or personal qualities of the applicant. _____

Please indicate by check mark in the appropriate column your rating of the applicant in the qualities listed below:

	Excellent	Good	Satisfactory	Poor	N/A
Attendance					
Punctuality					
Personality					
Professional Skill					
Productivity					
Personal Appearance					
Dependability					
Cooperation with Others					
Professional Attitude					
Scholarship					

Would you hire this person? Yes: _____ No: _____ If not, why? _____

Additional comments: _____

Signature: _____ Date: _____

Official Position: _____

Thank you for your assistance.

Drug-Free/Alcohol-Free Schools

PRE-EMPLOYMENT TESTING

In the furtherance of achieving the Board's goals and objectives as enumerated above, all applicants being considered for employment positions identified by the Board as being safety-sensitive shall be required to submit to a urinalysis test for the detection of the illegal use of drugs as part of the currently required post-offer, pre-employment physical. Applicants for positions that require testing shall be given a copy of this policy in advance of the post-offer, pre-employment physical.

Applicants shall acknowledge having read or had this policy explained to them and should understand that as a condition of employment they are subject to its contents. Applicants shall sign an acknowledgment prior to substance screening, permitting the summary result to be transmitted to the Drug Coordinator (DC) and the Superintendent. An applicant refusing to complete any part of the drug-testing procedure shall not be considered a valid candidate for employment with the District, and such refusal shall be considered as a withdrawal of the individual's application for employment. The applicant shall not be permitted to reapply for employment with the District for at least twelve (12) months and not until the applicant shows proof of successful completion of a drug rehabilitation program or proof that the applicant is otherwise no longer engaging in illegal drug use.

If substance screening shows a confirmed positive result for which there is no current physician's prescription, a second confirming test may be requested by the DC. If the first or any requested subsequent confirming test is positive, any job offer shall be revoked.

The Board has several positions that are considered safety-sensitive. In general, these are positions where a single mistake by such employee can create an immediate threat of serious harm to students and fellow employees.

Safety-sensitive positions requiring post-offer, pre-employment drug testing are: Principal, Assistant Principal, teacher, traveling teacher, teacher aide, substitute teacher, school secretary, Central Office staff, itinerant staff, and school bus driver