



CLINTON COUNTY SCHOOLS
Dr. Tim Parson, Superintendent
 1273 KY HWY 90 WEST, STE 103
 ALBANY, KY 42602
 Phone (606) 387-6480 Fax (606) 387-5437
 www.clinton.kyschools.us



CERTIFIED APPLICATION

 Position Applying For

 Date of Application

This application will remain active for three calendar years from the above date.

Thank you for your interest in the Clinton County School System. This application form will usually provide all the necessary preliminary information needed for employment consideration, but may be supplemented by a letter and/or a resume. Print or type the information as carefully as possible, as this will assist in prompt consideration.

Last Name	First	Middle	Maiden
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Mailing Address	Street	City	State and Zip Code
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Telephone No.	Social Security No.	Date of Birth
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E-mail address _____

Do you have placement papers on file? _____ Where? _____

List desired school or district assignment in order of preference.

1. _____

2. _____

3. _____

Which activities would you be willing to help with in school? _____

 Date available for employment _____

It is the policy of the Clinton County School District not to discriminate on the basis of race, color, national origin, sex, genetic information, disability, age, or limitations related to pregnancy, childbirth, or related medical conditions in its programs and activities and provides equal access to its facilities to the Boy Scouts and other designated youth groups in compliance with the Office of Civil Rights, Title VI, VII, IX, ADA and Section 504. Any person having inquiries concerning Clinton County School District's compliance with Title IX is directed to contact Director of Pupil, 1273 KY Hwy 90 West, Suite 103 Albany, KY 42602, phone number 606-387-6480, and compliance with 504 is directed to contact Director of Special Education, 306 King Drive, Albany, KY 42602 phone number 606-387-9452.

"FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A NATIONAL AND STATE CRIMINAL HISTORY BACKGROUND CHECK AND A LETTER, PROVIDED BY THE INDIVIDUAL, FROM THE CABINET FOR HEALTH AND FAMILY SERVICES STATING THE APPLICANT HAS NO ADMINISTRATIVE FINDINGS OF CHILD ABUSE OR NEGLECT FOUND THROUGH A BACKGROUND CHECK OF CHILD ABUSE AND NEGLECT RECORDS MAINTAINED BY THE CABINET FOR HEALTH AND FAMILY SERVICES."

PROFESSIONAL REFERENCES: (Persons qualified to evaluate your education or experience)

Name	Position	Complete Address	Phone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMERGENCY INFORMATION: (Please indicate whom we may contact in the event of an emergency)

Name _____ Relationship _____
Address _____ Telephone No. _____

MEDICAL: Each teacher is required by law to secure a health certificate from a reputable, licensed medical doctor. List and give current status of any known physical impairment. (Such as hearing, speech, visual, nervous disorder, etc.)

EDUCATION:

Name of Institution (H.S. or College)	Location	Dates Attended	Diploma or Degree Earned	Course of Study

Honors / Activities _____

PROFESSIONAL ORGANIZATIONS: (List organizations in which you are a member and offices you now hold or have held in the past.)

PROFESSIONAL RECOGNITIONS: (Include honors, publications, etc.)

HOBBIES, SPECIAL INTERESTS, ETC.:

WORK EXPERIENCE WITH CHILDREN AND YOUTH: (Other than school-related)

EMPLOYMENT:

Name of School	Location	Dates	Grade and/or Subject Taught

OTHER EMPLOYMENT EXPERIENCE (During last ten years including Military Service)

Name of Employer	Location	Dates	Position

CERTIFICATION:

All professional employees must be college graduates, have praxis scores and hold or be eligible for a KY Teaching Credential. All Trade Teachers must have proper KY Vocational Teaching Credential. A full explanation of current certification status MUST be shown in I, II, or III, below, to make this an acceptable application for a teaching position.

Check highest education level: Bachelors _____ Masters _____ +30 Hrs. _____ Doctorate _____

Have you taken the Praxis? _____ If so, please give scores: Test Name _____ Score _____

Test Name _____ Score _____

If not taken, when do you intend to do so? _____

1. Presently Certified Teachers:
 State _____ Certificate No. _____ Years of Experience _____
 Area of Certification _____
2. Students and those not certified in Kentucky.
 Will you be a graduate by the date available for employment? _____ College _____
 Have you applied for a KY Teaching Certificate? _____ If not, when do you intend to do so? _____
 Do you hold college credit for at least 6 courses of Professional Education? _____
 Do you hold college credit for at least 6 courses in subject area? _____
3. For uncertified Trade Teacher applicants:
 Give number of years work experience in area to be taught _____ Number of years of supervisory
 experience in area to be taught _____ Have you taken the KY Trade Teachers' examination? _____
 If not, when do you intend to take it? _____

****Note to Certified Applicants:**

PLEASE ENCLOSE WITH YOUR APPLICATION A COPY OF YOUR CURRENT TEACHING CREDENTIAL.

OPTIONAL:

Personal Statement (To be completed in applicant's own handwriting)

Please complete items below to assist us in appraising your application.

- A. Give your reasons for wanting to work in the Clinton County School System.

- B. State briefly your feelings about the following educational positions:
 1. Student achievement is the teacher's responsibility.

 2. Effective instruction includes careful planning and formulation of written objectives for every lesson.

 3. Good classroom management techniques are essential to student learning.

 4. Teachers should not be assigned extra-classroom duties.

 5. The chief purpose for evaluation is to improve instruction.

 6. The teacher can be the most important public school advocate in every community.

AUTHORIZATION FOR INQUIRIES, ETC.

I authorize investigation of all matters contained in this form, including authority to request any education transcript, and agree that if, in the judgment of the School District, any misrepresentation has been made by me herein or in a subsequently executed Medical Questionnaire, or the results of such investigation are not satisfactory, and offer or employment made by the School District may be withdrawn, or my employment may be terminated immediately, without any obligation or liability to me other than for payment at the rate agreed upon for services actually rendered.

SIGNATURE _____

*If any records are under any name other than shown, please indicate what other name.
