



CLASSIFIED APPLICATION FOR EMPLOYMENT

OWEN COUNTY SCHOOLS
1600 HWY 22 E
OWENTON, KY 40359
PHONE-(502)484-3934 FAX-(502)484-9095

Position _____

1. All information given in this application becomes a legal part of the contract in case of employment.
2. Application will not be considered unless all items are completed.
3. **Not all applicants will be interviewed. You will be contacted if you are to come for an interview.**
4. Per House Bill 940, a high school or GED diploma is required for employment.
5. State law requires a criminal records check, medical examination and tuberculin risk assessment as conditions of employment. Cost for these is an expense of the applicant.

Name _____ Phone Number _____

Address _____

CURRENT EMPLOYMENT INFORMATION

Present Position _____

Location _____

Name of Supervisor _____

Address _____

Phone _____ Fax _____

May we contact him/her concerning this application? Yes ___ No ___

SUBSTITUTE BUS DRIVER APPLICANT ONLY

Driver's License Number _____

Years of Experience Driving a Bus _____

SECONDARY EDUCATION

PROOF OF EDUCATION MUST BE PROVIDED BEFORE EMPLOYMENT CAN BE CONSIDERED.

Name and Location of High School _____

Dates Attended _____ Last Grade Completed _____

Date of Graduation _____

If not a high school graduate, when did you obtain your GED certificate? _____

POST-SECONDARY EDUCATION

Name and Location of Educational Institution _____

Dates Attended _____

Degree/Certificate Attained _____

Name and Location of Educational Institution _____

Dates Attended _____

Degree/Certificate Attained _____

Name and Location of Educational Institution _____

Dates Attended _____

Degree/Certificate Attained _____

Other Training _____

EXPERIENCE

Please list most recent employment first.

Business Name & Location _____

Beginning & Ending Date of Employment _____ # of Months Employed _____

Nature of Work _____

Business Name & Location _____

Beginning & Ending Date of Employment _____ # of Months Employed _____

Nature of Work _____

EXPERIENCE (cont.)

Business Name & Location _____

Beginning & Ending Date of Employment _____ # of Months Employed _____

Nature of Work _____

Business Name & Location _____

Beginning & Ending Date of Employment _____ # of Months Employed _____

Nature of Work _____

Please list information you believe will assist us in arriving at a true estimate of your qualifications.

REFERENCES

These should be persons qualified to give information to show your fitness for the position you seek.

Name & Phone Number _____

Address _____

Occupation & Relationship to Applicant _____

Relationship to Applicant _____

Name & Phone Number _____

Address _____

Occupation & Relationship to Applicant _____

Relationship to Applicant _____

Name & Phone Number _____

Address _____

Occupation & Relationship to Applicant _____

Relationship to Applicant _____

I certify the information included in this application is accurate.

Applicant's Signature _____ Date _____