



CLASSIFIED SUBSTITUTE APPLICATION FOR EMPLOYMENT

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

Please check all positions for which you would be willing to sub:

Instructional Assistant Food Service Worker Custodian Office Assistant
Bus Driver (Requires a Commercial Driver's License)

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.
6. Substitute employees are not guaranteed any certain amount of work hours or days.

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___

What days of the week are you willing to sub? Monday Tuesday Wednesday Thursday Friday

Where are you willing to sub? Primary Elementary Middle High

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 _____