

FULTON INDEPENDENT SCHOOL

304 West State Line
Fulton, KY 42041
Phone: (270) 472-1553
Fax: (270) 472-6921

The Fulton Independent School District does not discriminate on the basis of race, color, religion, sex, national or ethnic origin, political affiliation, marital status, age, or disabling condition, in employment or in the provision of services.

CERTIFIED STAFF APPLICATION

PERSONAL DATA

Full Name: _____

Last
First
Middle

Address: _____

Street, Route, etc.

City
State
Zip Code

Mailing Address: _____

(Street, Route, and/or P O Box if different from above)

City
State
Zip Code

Telephone (Day): _____ (Evening) _____

Cell Phone: ____ (____) _____ Email Address: _____

Date Available: _____ Social Security Number: _____

(Optional) Race: African American Asian Caucasian
 Native American Hispanic Other

CERTIFICATION

Standard or Provisional	Teacher Certification: List Grade Level & Content Area	Endorsements	Issued by the State Of	Year Issued	Year Expires

Standard or Provisional	Administrator Certification: List Grade Level & Content Area	Endorsements	Issued by the State Of	Year Issued	Year Expires

*** A copy of a valid state certificate should accompany this application.**

If you have only recently applied for Kentucky Certification, please indicate the date you made your application to Frankfort:

CERTIFIED POSITION AND/OR EXTRA CURRICULAR DUTIES DESIRED

LIST CHOICE/S FOR POSITION/S DESIRED, INCLUDE EXTRA CURRICULAR DUTIES YOU WOULD BE INTERESTED IN PERFORMING	Elementary: Preschool-6 (Specify Grade & Content)	Middle School: 7-8 (Specify Grade & Content)	High School: 9-12 (Specify Grade & Content)

*FOR THIS TYPE OF EMPLOYMENT APPLICATION, STATE LAW REQUIRES A NATIONAL AND STATE CRIMINAL HISTORY BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT.

EDUCATIONAL AND PROFESSIONAL PREPARATION

School	Dates (Optional)		Institution Attended, City, State	Degree Received	Subject
	From	To			
High School					
Undergraduate Work					
Graduate work					
Special					

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE

(Please list in order of most recent experience)

School Years		Total Years	School District Name and Address	Immediate Supervisor	Grade, Subject or Position
From	To				

Check this box if you must complete an internship.

WORK EXPERIENCE OTHER THAN EDUCATION
(Please list in order of most recent work experience)

Dates		Total Years	Employer's Name & Address	Immediate Supervisor	Position or Assignment
From	To				

REFERENCES

Please give names of those who have closely observed your work in your role as an educator, employee, or as a student. Include at least two (2) references other than teachers or administrators. If you are a recent graduate, include the name of your supervising teacher.

Name	Official Position	Mailing Address	City, State, Zip	Phone

- I am **not** currently employed by a school district.
- I am currently employed by the _____ School District, and my current contract is _____ (Limited or continuing).

STATEMENT OF AGREEMENT

In applying for a certified position with the Fulton Independent School District, I agree to assume responsibility for participation in school activities, professional development activities, committee work, Parent/Teacher Organization, faculty meetings, parent conferences, in addition to, providing the best possible educational experience for the students in my charge. I hereby affirm that the information on this application is accurate and correct.

_____ Applicant's Signature

_____ Date