

# 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.

## CLASSIFIED 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

Position(s) Applying For:

Clerical/Secretarial     Custodial     Bus Driver     Food Service Worker  
 Paraprofessional     Instructional Assistant     Other \_\_\_\_\_

\*FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A STATE CRIMINAL HISTORY BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. UNDER CERTAIN CIRCUMSTANCES, A NATIONAL CRIMINAL HISTORY BACKGROUND CHECK MAY BE AS A CONDITION OF EMPLOYMENT.

### EDUCATION

SCHOOL	DATES (Optional)		INSTITUTION ATTENDED, CITY, STATE	DEGREE RECEIVED	SUBJECT
	FROM	TO			

\_\_\_\_ I am not a high school graduate, but I earned a G.E.D. on \_\_\_\_\_.

### WORK EXPERIENCE

(Please list in order of most recent work experience.)

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

### REFERENCES

NAME	OFFICIAL POSITION	MAILING ADDRESS	CITY, STATE, ZIP	PHONE

Please list any other relevant information, such as skills, training, awards, activities, or interests which might be supportive of the position you are applying for.

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### STATEMENT OF AGREEMENT

In applying for a classified position with the Fulton Independent School District, I agree to assume responsibility for participation in school activities, committee work, and staff meetings, in addition to, providing the best possible educational experiences for the students in my charge. I hereby affirm that the information on this application is accurate and correct.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date