



# Washington County Schools

P.O. Box 72 • 120 Mackville Hill  
Springfield, KY 40069  
859.336.5470 (Tel.) • 859.336.5480 (Fax)

*Robin Cochran, Superintendent*

## PROFESSIONAL APPLICATION CERTIFICATION INFORMATION

### I. PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: (Current) \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: (Permanent) \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you related to any Washington County Board of Education member? Yes No

Are you related to any school personnel? Yes No

Are you related to any Site-Based Decision Making Council member? Yes No

(Relative is defined as father, mother, brother, sister, husband, wife, son, daughter, aunt, uncle, son-in-law, or daughter-in-law.)

If so, please list names and positions: \_\_\_\_\_

### II. I WISH TO BE CONSIDERED FOR:

Regular Teaching       Substitute       Administrative Position

Every teacher is expected to participate in extra-curricular activities of the school. What activities are you willing to coach and/or sponsor? \_\_\_\_\_

### III. PROFESSIONAL INFORMATION:

A. Present Position: \_\_\_\_\_

B. Position for which you are applying: \_\_\_\_\_

*1st choice*      Grade or Level: \_\_\_\_\_      Subject: \_\_\_\_\_

*2nd choice*      Grade or Level: \_\_\_\_\_      Subject: \_\_\_\_\_

*3rd choice*      Grade or Level: \_\_\_\_\_      Subject: \_\_\_\_\_

C. List any activity or club you would be willing to advise or coach:  
\_\_\_\_\_

D. When would you be available for this position? \_\_\_\_\_

Teaching Certificate(s) held:

Area of Concentration	State Cert. #	Type	Expiration Date

List any endorsements to the certificates above:

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**IV. EDUCATION:** (List most recent education first.)  
**Provide a copy of your college transcript.**

College or University	Dates Attended	Degree	Major	GPA

High School: \_\_\_\_\_ Diploma:  Yes  No

**V. SUBSTITUTE TEACHING:** (If you checked substitute, fill out below.)

Days Available: \_\_\_\_\_

Grade Level or Subject Preferred: \_\_\_\_\_

**VI. WORK REFERENCE:** (Include Principals, Superintendents, Supervisors or others for whom you have recently worked.)

Name	Address, City, State, Zip, Phone	Position

**PERSONAL REFERENCES:** (Do not use any Washington Co. Schools' Central Office Personnel.)

Name	Address, City, State, Zip, Phone	Position

**VII. STUDENT TEACHING EXPERIENCE:**

Date: Mo./Year: \_\_\_\_\_ to Mo./Year: \_\_\_\_\_  
Duties: \_\_\_\_\_  
School: \_\_\_\_\_  
Address/Phone #: \_\_\_\_\_  
Supervising Teacher: \_\_\_\_\_

**VIII. TEACHING AND OTHER WORK EXPERIENCE: (List most recent first.)**

Date: Mo./Year: \_\_\_\_\_ to Mo./Year: \_\_\_\_\_ # Months: \_\_\_\_\_  
Title of Position: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address/Phone #: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Date: Mo./Year: \_\_\_\_\_ to Mo./Year: \_\_\_\_\_ # Months: \_\_\_\_\_  
Title of Position: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address/Phone #: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Date: Mo./Year: \_\_\_\_\_ to Mo./Year: \_\_\_\_\_ # Months: \_\_\_\_\_  
Title of Position: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address/Phone #: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Have you ever worked for or applied for a position with Washington County Schools before?  Yes  No  
 Date Applied: \_\_\_\_\_ Dates Worked: \_\_\_\_\_  
 If so, under what name? \_\_\_\_\_  
 Are you currently under contract with another district?  Yes  No  
 Have you ever been convicted of any crime as an adult?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Have you ever been dismissed from or refused re-employment in a classified position?  Yes  No

PLEASE ADDRESS THE FIRST THREE ITEMS BELOW BEFORE RETURNING APPLICATION:

1. Complete transcripts of college credits, evidence of certification or eligibility for certification and a copy of your National Teachers' Examination (NTE) scores, if applicable.
2. You must submit a resume and at least two letters of recommendation.
3. In your own handwriting, on a separate page, write a brief statement indicating the reasons why you want to teach in Washington County Schools.
4. For this type of employment, state law requires a state and national background check and a complete physical, including a TB skin test as a condition of employment.
5. Interviews are held based on projected need in area for which you are applying.
6. This application will be kept on file for three (3) years from the date received. After three (3) years, contact the Certified Personnel Office, in writing, to keep the application active.

I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge, and I am aware that any false statements will be sufficient cause for rejection or dismissal.

I understand that Washington County Schools may want to verify the statements I have made in this application. I hereby give my permission for Washington County Schools, either at this time or at any time during my employment, to request and review employment records from previous employers, court records and police records from any local, state or federal agency keeping such records. I also authorize Washington County Schools to obtain oral and written recommendations from the persons listed on this application, from all previous employers and from persons listed as personal references.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Completion of this section is voluntary**  
 Information is used ONLY for statistical purposes.  
 RACE: (please circle one)  
 White                  Black                  Other

**Public Notice Nondiscrimination Policy:**  
 Students, their parents, and employees of Washington County Schools are hereby notified this school district does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or handicap in employment, education programs or activities as set forth in the ADA, Title IX, Title VI and Section 504. This district will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodations. Any person having inquiries concerning Washington County Schools' compliance with ADA, Title IX, Title VI and Section 504, is directed to contact Jason Simpson, Washington County Schools, 120 Mackville Hill, P.O. Box 72, Springfield, KY 40069, phone number 859-336-5470, who has been designated by Washington County Schools to coordinate the district's efforts to comply with ADA, Title IX, Title VI and Section 504.