

# LEWIS COUNTY SCHOOLS

## Classified Application for Employment

65 Central Elementary/PO Box 159

Vanceburg, KY 41179

606-796-2811 FAX 606-796-3081

www.lewis.kyschools.us

Last Name:	First Name:	Middle/Maiden Name:
Current Street Address:		City:
State:		Zip Code:
Home Phone Number:		Work Phone Number:
Social Security Number:		Driver's License Number:

## Position Desired

Please indicate position(s) desired with a checkmark:

<input type="checkbox"/> Paraeducator/Instructional Assistant **see page 6	
<input type="checkbox"/> Bookkeeper	
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Maintenance Worker
<input type="checkbox"/> Bus Mechanic	<input type="checkbox"/> Secretary/Clerical Assistant
<input type="checkbox"/> Custodian	<input type="checkbox"/> Substitute (Type: _____)
<input type="checkbox"/> Cook/Baker or Food Service Asst.	<input type="checkbox"/> Other: _____

FOR ANY OF THE POSITIONS LISTED ABOVE,  
STATE LAW REQUIRES A CRIMINAL RECORD CHECK, CHILD ABUSE AND NEGLECT (CAN)  
REPORT AND A HIGH SCHOOL DIPLOMA, GED CERTIFICATE OR PROOF OF  
WORKING TOWARD EITHER DEGREE AS CONDITIONS OF EMPLOYMENT.

The Lewis County Board of Education is an *equal opportunity employer*. The Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups<sup>1</sup> and is required by Title IX of the Education Amendments of 1972 (P.L. 92-318) not to discriminate in such manner.

## I. GENERAL INFORMATION

Please respond to the questions below by indicating yes or no with a checkmark:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally eligible for employment in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have special training or skills (languages, machine operations, etc.)? If yes, describe. _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you begin work immediately? If no, when can you start? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are any of your relatives employed by the Lewis County Board of Education? If yes, list names _____
<input type="checkbox"/>	<input type="checkbox"/>	In the past ten years were you convicted of a crime that has not been annulled, expunged or sealed by a court?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a relative of the Superintendent or any member of the Lewis County Board of Education?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been removed or dismissed from any position? If yes, explain. _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you previously been employed by the Lewis County Board of Education? If yes, under what name? _____ When? _____ In what capacity? _____

## II. EDUCATION

- A. Highest level of education completed \_\_\_\_\_
- B. Name of high school attended \_\_\_\_\_
- C. Did you obtain a high school diploma? \_\_\_\_ Yes \_\_\_\_ No
- 1) If no, did you obtain a GED certificate? \_\_\_\_ Yes \_\_\_\_ No
- 2) If no, are you currently enrolled in a GED program? \_\_\_\_ Yes \_\_\_\_ No
- D. If you have completed any education beyond high school, please list the name/type of school attended and number of credit hours completed and/or degree received.
- \_\_\_\_\_
- \_\_\_\_\_
- E. Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.
- \_\_\_\_\_
- \_\_\_\_\_

### III. PREVIOUS EMPLOYMENT EXPERIENCE

PREVIOUS EMPLOYMENT EXPERIENCE (List in order beginning with most recent)				
Employer's Name, Address and Telephone No.	Position Held, Job Title, and Supervisor's Name	Dates (Month/Year)	Last Annual Salary	Nature of Work
_____ _____ _____	_____ _____ _____	From _____ To _____		
_____ _____ _____	_____ _____ _____	From _____ To _____		
_____ _____ _____	_____ _____ _____	From _____ To _____		
_____ _____ _____	_____ _____ _____	From _____ To _____		

### IV. ADDITIONAL INFORMATION

*Note: For the following information, exclude memberships that would reveal gender, race, religion, national origin, age, color, disability or any other similarly protected status.*

List professional, trade, business, or civic associations and any offices held.

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List special accomplishments, publications, awards, etc.

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List any additional information you would like us to consider.

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**Please answer the question below in the space provided or on a separate piece of paper. Thank you**

**1. In the space provided, think of a significant past event which involved yourself in a teaching role with one or more students. That is, from a human relations standpoint, this event had special meaning for you in writing about the event. Please use the following format: Describe the situation as it occurred at the time. What did you do in the particular situation? How did you feel about the situation at the time you were experiencing it? How do you feel about the situation now? Would you wish to change any part of it?**

## V. REFERENCES

*Please list a minimum of three references, including former employers.*

<i>1. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
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_____	_____	_____	_____
_____	_____	_____	_____
(     )	_____	_____	_____

<i>2. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
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_____	_____	_____	_____
_____	_____	_____	_____
(     )	_____	_____	_____

<i>3. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
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_____	_____	_____	_____
_____	_____	_____	_____
(     )	_____	_____	_____

<i>4. Name, Title, Phone No.</i>	<i>Address</i>	<i>How long acquainted?</i>	<i>In what capacity?</i>
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_____	_____	_____	_____
_____	_____	_____	_____
(     )	_____	_____	_____

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I authorize a criminal records check. I understand that if information provided is inaccurate, any contract offered me is void.

I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **PARAEDUCATOR/INSTRUCTIONAL ASSISTANT**

Paraeducators who duties include instructional support and who work in a program supported with Title I, Part A funds must meet the NCLB educational requirement through one of the following:

1. Completed two years of study at an institution of higher education; **or**
  - “Two years of study” means the equivalent of two years of full- time study as defined by the institution.
  - For some institutions that may mean 12 credit hours per semester, requiring a total of 48 credit hours, while in others it may mean 15 credit hours a semester, requiring a total of 60 credit hours.) ; **or**
2. Obtained an associate’s (or higher) degree; or
3. Met a rigorous standards of quality and be able to demonstrate, though a formal State or local academic assessment, knowledge of and the ability to assist in instructing reading, writing, and mathematics ( or as appropriate reading readiness, writing readiness, and mathematics readiness). The revised 2<sup>nd</sup> edition October 2009 version of the Kentucky Paraeducator Assessment (KPA) is the state’s formal academic assessment.

**COMMONWEALTH OF KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**

**CENTRAL REGISTRY CHECK**

**FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:**

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)  
(Institution/Group Home/Emergency/Wilderness)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- ☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

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**PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK** (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

**NAME:** \_\_\_\_\_  
(first) (middle) (maiden/nickname) (last)

**Sex:** \_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Date of Initial Hire:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

### CENTRAL REGISTRY CHECK

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment. Mail check or money order and this completed form to:

Cabinet for Health and Family Services  
Department for Community Based Services  
Records Management Section  
275 East Main St., 3E-G  
Frankfort, Kentucky 40621

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

\_\_\_\_\_  
Signature of the Individual Submitting to the Child Abuse or Neglect Check

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

**NAME OF EMPLOYER/AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

#### **RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]**

☐ No reportable incident found in accordance with 922 KAR 1:470

☐ Substantiated child abuse found on the registry Date of substantiated finding: \_\_\_\_\_

☐ Substantiated child neglect found on the registry Date of substantiated finding: \_\_\_\_\_

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

**CHECK CONDUCTED ON** \_\_\_\_\_ **BY** \_\_\_\_\_

DPP-156

(R. 1/18)

922 KAR 1:470