

Application for Employment

Community Education, P. O. Box 1320, Bowling Green, KY 42102-1320, 270-842-4281.

INSTRUCTIONS

PLEASE PRINT. Answer each item completely and accurately. Incomplete answers may cause delays. False answers will cause your application to be removed from consideration.

Position(s) for which you are applying

What is your interest in this position?

First Name	Middle Name	Last Name	Social Security #
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Local Phone		Cell Phone	Permanent or home phone

Local Address	City	State	ZIP
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List any state(s) other than Kentucky in which you have resided in the past five years. Also list years of residence. For example: Tennessee 2005-07.

Education

Circle highest grade completed: GED Test _____ year completed High School 9 - 10 - 11 - 12 College 1 - 2 - 3 - 4 attended – masters degree – post graduate Graduate School

Name and location of last school attended	Major Subject studied or degree received
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***Proof of GED completion or High School graduation will be required.**

Personal References

List three persons not related to you who know your qualifications or who know your character:

Name and Occupation	Address	Day Time Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(Check One)
Yes / No

EXPLAIN ANY "YES" ANSWERS TO QUESTIONS 1 - 4 BELOW:

1. Have you ever been employed by Community Education? (If yes, indicate the years and position held)		
2. Have you ever been convicted of a crime?		
3. Have you ever been dismissed or forced to resign from a job?		
4. Do you have any relatives currently working for Community Education?		

EXPLAIN ANY "NO" ANSWERS TO QUESTIONS 5 - 7 BELOW:

5. Do you have your own transportation?		
6. May we contact your previous and present (or most recent) employers?		
7. May we contact your references?		

EXPLANATION OF ANSWERS TO QUESTIONS 1 - 7 (refer to question number): _____

Please describe some of your experiences with children. (daycare, summer camps, schools, teaching, etc.)

List any special skills, talents and/or qualifications. Include any current certifications such as CPR, First Aid, Lifesaving, etc.

List your class schedule if you are taking classes. If no schedule is listed, it will be assumed you are not taking any classes nor attending WKU, Draughons, Bowling Green Technical College, etc.

The facts set forth in my application for employment are true and complete. I understand that false statements on this application may be considered to be sufficient cause for disqualification, or if employed, dismissal. Community Education is hereby authorized to make any investigation of my personal history, employment records and explore police records. I understand the only information pertinent to the position(s) for which I am applying will be considered in making an employment decision.

Date

Your Signature

Employment Record

Give complete record of employment history.

Start with your present or most recent position and work back.

Describe your duties and responsibilities in each position thoroughly so that your experience may be evaluated fairly.

Provide complete names and mailing address of any out-of-town employers.

Additional experience forms are available upon request. Letters of recommendation and copies of certificates, diplomas, etc., can be attached.

MOST RECENT

DATE OF EMPLOYMENT _____ TO _____ (month-year) (month-year) FULL TIME PART TIME <input type="checkbox"/> <input type="checkbox"/> IF PART TIME HOURS PER WEEK _____	NAME & ADDRESS OF EMPLOYING FIRM _____ _____ _____ TELEPHONE NUMBER _____	NAME & TITLE OF YOUR IMMEDIATE SUPERVISOR _____ _____ SALARY: STARTING FINAL \$ _____ \$ _____
LIST IN DETAIL AND DESCRIBE SPECIFIC DUTIES FOR EACH POSITION HELD _____ _____ _____		
REASON FOR LEAVING _____		

DATE OF EMPLOYMENT _____ TO _____ (month-year) (month-year) FULL TIME PART TIME <input type="checkbox"/> <input type="checkbox"/> IF PART TIME HOURS PER WEEK _____	NAME & ADDRESS OF EMPLOYING FIRM _____ _____ _____ TELEPHONE NUMBER _____	NAME & TITLE OF YOUR IMMEDIATE SUPERVISOR _____ _____ SALARY: STARTING FINAL \$ _____ \$ _____
LIST IN DETAIL AND DESCRIBE SPECIFIC DUTIES FOR EACH POSITION HELD _____ _____ _____		
REASON FOR LEAVING _____		

DATE OF EMPLOYMENT _____ TO _____ (month-year) (month-year) FULL TIME PART TIME <input type="checkbox"/> <input type="checkbox"/> IF PART TIME HOURS PER WEEK _____	NAME & ADDRESS OF EMPLOYING FIRM _____ _____ _____ TELEPHONE NUMBER _____	NAME & TITLE OF YOUR IMMEDIATE SUPERVISOR _____ _____ SALARY: STARTING FINAL \$ _____ \$ _____
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REASON FOR LEAVING _____		