

Certified Application

Rowan County

Board of Education

The following **must** accompany the application at time of submission (please check):

_____ Valid Kentucky Teacher's
Certificate **OR**

_____ Valid MAT letter from a Kentucky university or college
AND

_____ NTE or PRAXIS scores for all areas required for
certification (MAT for Special Education may be exempt
at time of application)

AND

_____ Transcripts for undergraduate/graduate courses

Rowan County School District
415 W. Sun St.
Morehead, KY 40351
606-784-8928 FAX 606-783-1011

Marvin Moore, Superintendent
An Equal Opportunity Employer

Name _____

ROWAN COUNTY SCHOOL DISTRICT

415 W. SUN STREET
MOREHEAD, KY 40351
(606) 784-8928 FAX (606) 783-1011

TEACHER APPLICATION PERSONAL DATA

Name In Full

(Last) (First) (Mi) (Social Security #)

Present Address (Phone)_____

(Street) (City) (State)

Permanent Address (Phone)_____

(Street) (City) (State)

Position Desired: _____ Grade/Subject School

| st | |
|------------------------|--|
| 1 st Choice | |
| 2 nd Choice | |

CERTIFICATION AND QUALIFICATIONS

Do you hold a valid Kentucky Teaching Certificate for the position(s) you requested?

Exact Title of Kentucky Certificate _____

Date of Expiration _____

Grade level of subject endorsement on Kentucky Certificate _____

**AN EQUAL OPPORTUNITY EMPLOYER
STUDENT TEACHING/TEACHING
EXPERIENCE**

| School System | Name of School | Location | Grades/ Subject | From Dates | To Dates | Supervisor |
|---------------|----------------|----------|--------------------|---------------|-------------|------------|
| | | | | | | |
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| | | | | | | |

The state of Kentucky requires that 140 days be taught in any fiscal year before credit for salary increment is allowed. Considering this, what is the total of your teaching experience? ___years.

To what educational organizations do you belong? _____

EDUCATIONAL AND PROFESSIONAL TRAINING

| Name of Schools Attended | Location | Inclusive Dates | Degree, Diploma, Certification, or No. of Credits Rec'd. |
|-----------------------------|----------|--------------------|--|
| Secondary | | | |
| College | | | |
| University | | | |
| Graduate | | | |

Undergraduate grade point average _____

Prizes, honors, scholarships or fellowships received: _____

Intra-mural, Interscholastic, Intercollegiate sports engaged in: _____

High School and College Extra-Curricular Activities: Publications, Class Offices, Musical Organizations, Committees, Student Council, Dramatics, etc. _____

WORK AND MILITARY EXPERIENCES

| Name of Firm | Address | Position Held | From Mo. Yr. | To Mo. Yr. | Supervisor |
|--------------|---------|---------------|-----------------|---------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OTHER INFORMATION

Are you presently employed? _____ Position? _____
By Whom? _____ Where? _____

If now employed, why are you leaving that position? _____

Why do you wish to come to Rowan County? _____

When could you begin work? _____

Have you ever been convicted of a felony? _____

Professional development experiences (travel, workshops, conferences, etc.)? _____

What hobbies or recreational activities do you enjoy? _____

Activities which you are able to direct or coach successfully? _____

Community services you have rendered? _____

Are there any personal considerations which should be known prior to assignment of tasks?
Explain briefly _____

Do you have a relative(s) presently employed by the Rowan County Board of Education?

Yes No If yes, please identify _____

Relationship _____

REFERENCES

Please list full name and complete address including zip code and phone number for all references. Include two who know your work experience.

| Name | Address | Tele. # | Position |
|------|---------|---------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

APPLICANT SELF-APPRAISAL

Please rate yourself in the following job requirements. Use the following scale:

| | 5-Strong | 4-Fairly Strong | 3-Average | 2-Somewhat Weak | 1-Weak |
|------------------------------------|----------|-----------------|-----------|-----------------|--------|
| Area | 5 | 4 | 3 | 2 | 1 |
| Planning and Preparation | | | | | |
| Organization and Management | | | | | |
| Instructional Techniques | | | | | |
| Discipline Techniques | | | | | |
| Willingness to Handle Extra Duties | | | | | |

Please use the space below to make a personal statement about yourself, your qualifications, and your future plans and objectives.

AFFIRMATION AND SIGNATURE

I hereby formally make application for a certified position in the Rowan County School District and assert that the information given in this application is true and accurate to the best of my knowledge.

Date _____ Signature _____

SEND THIS APPLICATION TO: SUPERINTENDENT OF SCHOOLS
ROWAN COUNTY SCHOOL DISTRICT
415 W. SUN STREET
MOREHEAD, KY 40351

Applications are placed on file for consideration when vacancies occur and are kept on file for three years. If you desire your application to remain active after that time, you should update it. Please call the Rowan County Superintendent's Office if you accept a position elsewhere and wish to withdraw this application.

Fill out this application completely. You may provide additional information by letter or statement that will give a more complete account of your training, experience, and teaching ability. Please attach a copy of your undergraduate and graduate transcripts.

Teachers under consideration for employment will be asked for a personal interview.

A valid Kentucky Teacher's Certificate **or** a valid MAT letter from a Kentucky university or college, a copy of your NTE, PRAXIS, core, and specialty test scores must accompany this application.

If elected to a teaching position, it will be necessary for you to file by September 1, the following:

1. An application for Kentucky Retirement System, if you are not already a member.
2. A health certificate from the Rowan County Health Department or your private physician.

3. A statement of teaching experience from your former employer if you have previous teaching experience.
4. A statement of accumulated sick leave days if transferring from another school district in Kentucky.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

SIGNATURE-All applicants please read and sign the statement below:

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future employment. I hereby authorize the Rowan County Board of Education to make all necessary investigations concerning me, including the required criminal records check, my work, habits, character, or my action in any transaction. I authorize the Rowan County Board of Education to receive and make available to other interested schools my academic records or other material pertinent to my qualification, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Date _____ Signature _____