

**NKCES****Northern Kentucky Cooperative for Educational Services**

5516 East Alexandria Pike

Cold Spring, KY 41076-3540

(859) 442-8600

Fax (859) 442-7015

**APPLICATION FOR PROFESSIONAL EMPLOYMENT****PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
LAST FIRST MIDDLE  
STREET CITY STATE ZIP

Telephone Number (\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Number (\_\_\_\_) \_\_\_\_\_

**POSITION DESIRED**

Position \_\_\_\_\_ Date Available for Position \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

**PROFESSIONAL PREPARATION**

College/University and Location	Dates of Attendance	Type of Degree	Year Earned	Major	Minor

Number of undergraduate credits \_\_\_\_\_ Number of credits beyond graduate degree \_\_\_\_\_

Subjects of special study or research work \_\_\_\_\_

Scholastic honors and/or positions of leadership \_\_\_\_\_

**PROFESSIONAL EXPERIENCE (List most recent first)**

Dates Employed	School/District and Address	Salary	Assignment	Supervisor and Phone Number

List other school assignments in which you have participated during your career, (e.g., organization sponsor, coach, district committees, etc.) \_\_\_\_\_

**Attention: Certified Applicants** If you have your **Kentucky Teaching Certificate** or **Statement of Eligibility**, it must be submitted, along with any other information you deem pertinent. If you **do not** have a Kentucky certification, you must include **original transcripts** from each college that you have attended. You must also apply to the Kentucky Department of Education on a Form TC-1. Once your certification has been received, a copy must be forwarded to be added to your file.

**FORMER EMPLOYERS (NON-TEACHING EXPERIENCE)**

(List below last four employers, most recent first)

Dates Employed	Name and Address of Employer	Salary	Position	Kind of Work Performed

Military Service: Branch \_\_\_\_\_  
 Dates Served \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)**

Name	Street	City	State	Zip	Phone #	Occupation
1. _____						
2. _____						
3. _____						

In case of emergency, notify \_\_\_\_\_  
NAME RELATIONSHIP PHONE

**ADDITIONAL INFORMATION**

Do you have any hobbies or interests which have a direct bearing on the position you have applied for? \_\_\_\_\_  
 If yes, please list: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

Please list any other information that in your opinion would be helpful to the Northern Kentucky Cooperative in considering you for employment. \_\_\_\_\_  
 \_\_\_\_\_

Why do you want to be employed with the Cooperative? \_\_\_\_\_

I certify that the information and statements provided in this application are true to the best of my knowledge and belief.

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

In accordance with existing state and federal laws, the Northern Kentucky Cooperative will employ qualified personnel for all positions without regard to race, color, creed, sex, age, religion, or national origin. Selection of candidates for positions will be made upon the basis of demonstrated capability, competence, and appropriate experiences.

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 required as a condition of employment.

All Northern Kentucky Cooperative programs are operated in compliance with Title IX regulations regarding sex discrimination and Section 504 regarding disabled persons.

# Northern Kentucky Cooperative for Educational Services

5516 East Alexandria Pike  
Cold Spring, KY 41076-3540

Attn: Human Resources

PH: (859) 442-8600

FX: (859) 442-7015

## AFFIRMATIVE ACTION INFORMATION FORM

We are an affirmative action government contractor. In compliance with government regulations we are required to record the number of applicants by race and sex.

We ask that you indicate your race or national origin and sex. DO NOT WRITE YOUR NAME. This information will not be kept with your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

Male

Female

American Indian

Asian

Black

Hispanic

Other \_\_\_\_\_  
(please specify)

Non-minority

## CHARACTER AND FITNESS

Answer each question by circling "yes" or "no." If you answer yes to any question, you must submit a full explanation using a separate sheet of paper.

1. Have you ever held, or currently hold a professional certificate, license, credential, or other document issued to you by any jurisdiction (other than Kentucky) within the United States or abroad? If so, fill in the information below.

State or Jurisdiction \_\_\_\_\_ Certificate number \_\_\_\_\_

Type \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration date \_\_\_\_\_

2. Have you ever had a professional certificate, license, credential, or any document issued to you for practice denied, suspended, revoked, or voluntarily surrendered?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are you currently being reviewed or investigated for purposes of such action as stated in #2 or is such action pending?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever been dismissed, resigned, or asked to resign/retire or discharged from a professional position or military service for immorality, incompetence, willful neglect of duty, misconduct, or presenting false information toward obtaining the position?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is any such action as stated in #4 pending?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you ever been convicted of a felony or misdemeanor (other than a moving traffic violation), been found guilty or entered a plea or nolo contendere (no contest), even if adjudication was withheld, in Kentucky or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. If you indicated "yes" to any items, #2 through #6, has that conviction been reviewed by the Educational Professional Standards Board?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Review \_\_\_\_\_

**I affirm and declare that all information given by me in this application is true, and correct, and complete to the best of my knowledge. I understand that any misrepresentation of facts, by omission or addition, may result in the denial of position applied for.**

Signature \_\_\_\_\_ Date \_\_\_\_\_