

**CLASSIFIED PERSONNEL
FOOD SERVICE DEPARTMENT**

Application

Copy of High School Diploma or GED

Level 1 Testing/training to be scheduled by the Food Service Department

**Food Handlers Card-Schedule an appointment to take at the Harlan County
Health Dept. 606-573-4820 (\$5.00 charge)**

**Criminal/Background Check (fingerprint)
(Taken at Kentucky State Police on Wednesday from
8:00 a.m. to 12:00 Noon only)**

**Effective 01/15/2009-\$20.00 Money Order to Harlan County Board of
Education or Cash Only-No Checks**

**Drug & Alcohol Test
\$50.00-Dr. Dahhan**

**TB Skin Test Required; Can be given by Dr. Dahhan at the same time as the
Drug & Alcohol Test**

Drug & Alcohol Policy

Employee's Withholding Allowance Certificate (W-4)

**Immigration and Naturalization Service (I-9) And a
Copy of Drivers' License and Social Security Card**

DO NOT WRITE IN THIS AREA

FOR OFFICE USE ONLY

TB Test _____ Expiration Date _____ Criminal Records Check _____ Date Taken _____

Complete Medical _____ GED/HSD _____ Food Handlers Card _____ Exp. _____

Tabe _____ Date _____ Drug/Alcohol _____ Date _____ Level 1 _____ Date _____

W-4 _____ I-9 _____ Drug Free/Alcohol Free Schools Policy _____ Date _____

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.

**SCHOOL FOOD SERVICE APPLICATION
"AN EQUAL OPPORTUNITY EMPLOYER"**

**HARLAN COUNTY BOARD OF EDUCATION
251 BALL PARK ROAD
HARLAN, KENTUCKY
40831
OFFICE-(606) 573-5687/FAX (606) 573-2153**

PERSONAL INFORMATION:

NAME: _____ SOC. SEC. NUMBER _____

MAILING ADDRESS: _____

PHONE NO: _____ REFERRED BY: _____

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START _____

SALARY DESIRED _____ ARE YOU EMPLOYED NOW _____

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ HAVE YOU EVER WORKED IN THE HARLAN COUNTY SCHOOL SYSTEM BEFORE _____. IF YES, HOW MANY YEARS HAVE YOU COMPLETED IN THE HARLAN COUNTY SCHOOL SYSTEM _____. PLEASE LIST ON A SEPARATE SHEET OF PAPER WHAT SCHOOLS YOU HAVE WORKED AND WHEN YOU WORKED EACH SCHOOL.

EDUCATION

GRADE LEVEL	YEARS ATTENDED	COURSE OF STUDY	YEAR GRADUATED
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
GED			

A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED MUST BE RETURNED WITH THIS APPLICATION.

GENERAL: LIST SOME OF YOUR ABILITIES.

PREFERENCE OF AREA OR SCHOOL TO BE WORKED: _____

WORK RECORD: MONTH AND YEAR, NAME AND ADDRESS OF EMPLOYER, SALARY, POSITION AND REASON FOR LEAVING.

DATES	SALARY	NAME & ADDRESS OF EMPLOYER AND REASON FOR LEAVING	POSITION

PERSONAL REFERENCES: LIST THE NAME AND PHONE NUMBER OF THREE PERSONS NOT RELATED TO YOU, BUT WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR.

NAME	ADDRESS	PHONE	YRS. KNOWN

PHYSICAL RECORD: DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

IF YES, PLEASE EXPLAIN: _____

WERE YOU EVER INJURED? _____ PLEASE EXPLAIN: _____

HAVE YOU ANY DEFECTS IN HEARING _____ VISION _____ SPEECH _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ PHONE NO: _____

ADDRESS: _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE AGAINST THE LAW OR FORFEITED COLLATERAL, OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW? _____ (YOU MAY OMIT) (1.) TRAFFIC VIOLATIONS FOR WHICH YOU PAID A FINE OF \$75.00 OR LESS. (2.) ANY OFFENSE COMMITTED BEFORE YOUR 21ST BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW. IF YOUR ANSWER IS YES, GIVE DETAILS ON A SEPARATE SHEET OF PAPER. SHOW FOR EACH OFFENSE: (1) DATE (2) CHARGE (3) PLACE (4) COURT (5) ACTION TAKEN.

“FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A STATE CRIMINAL HISTORY BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT.”

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL EMPLOYMENT PRACTICE LAWS. THE HARLAN COUNTY BOARD OF EDUCATION SHALL NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, RELIGION, MARITAL STATUS, SEX, OR HANDICAP IN EMPLOYMENT, EDUCATIONAL PROGRAMS OR ACTIVITIES AS REQUIRED BY TITLE IX AND SECTION 504. INQUIRES REGARDING COMPLIANCE WITH THESE LAWS MAY BE DIRECTED TO MR. TIMOTHY W. SAYLOR, SUPERINTENDENT OF THE HARLAN COUNTY SCHOOLS, 251 BALL PARK ROAD, HARLAN, KENTUCKY 40831. TELEPHONE NUMBER (606)-573-4330 OR OFFICE FOR CIVIL RIGHTS, WASHINGTON, D.C. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONAFIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSABLE PURPOSES.

I HEREBY AFFIRM THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OR DELIBERATE OMISSION OF FACT IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF, OR, IF EMPLOYED, TERMINATION OF EMPLOYMENT. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND NOT AN OFFER OF EMPLOYMENT.

SIGNATURE

DATE

Please read and initial each paragraph below (if there is any part of this page you do not understand, please ask about it before signing).

I hereby authorize Harlan County Schools to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Harlan County Schools, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Harlan County Schools may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Harlan County Schools.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Harlan County Schools benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identify and legal right to work in the United States on my first day of employment.

I hereby certify that I have not knowingly withheld any information that might adversely affect my changes for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date