

FENTRESS COUNTY BOARD OF EDUCATION
THIS APPLICATION WILL REMAIN ACTIVE FOR TWO YEARS

CLASSIFIED EMPLOYEE

APPLICATION FOR: _____ POSITION: _____

NAME Mr. Mrs. Miss _____

Home Address _____

Social Security # _____ Date of Birth _____

Telephone Number(s) _____

I. Educational Experience:

Highest grade completed _____ Name of School _____

Elementary _____ GED _____ High School _____

Vocational _____ College _____

II. Work Experience:

A. Educational

1. _____
2. _____
3. _____

B. Outside of Education Field

1. _____
2. _____
3. _____

III. References

- | | |
|----------|----------------|
| 1. _____ | Phone#’s _____ |
| 2. _____ | Phone#’s _____ |
| 3. _____ | Phone#’s _____ |

IV. System Location/Choice of Employment

1. _____
2. _____
3. _____

If employed, do you agree to abide by all rules of County and State Department of Education as same applies to the above position? _____

Date _____ Signature _____

FILL OUT BELOW FOR BUS DRIVE APPLICATION ONLY

Driver’s License Number _____ State of Issuance _____