

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**SECTION V: Record of Occupation Based Experience**

**This page may be duplicated as needed**

Please list your most recent position held followed by subsequent work histories and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately. If you changed positions within the same organization and your duties changed, describe each job in a separate block. When listing duties, list those that took most of your time first.

Most Recent Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				
Next Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				
Next Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**SECTION VI. Character and Fitness**

A. Applicants are required to submit a national and state criminal background check. The criminal background check shall be conducted within twelve (12) months prior to the date of the initial application for certification.

- I am an applicant for initial certification in Kentucky and I have submitted or will submit my national and state background check.

B. If you have ever held, or currently hold a professional license, credential, or other document issued to you by any other jurisdiction other than Kentucky within the United States or abroad, enclose a copy of the certificate(s) and provide the following:

Type of Professional Certificate	State or Jurisdiction of Issuance	Issue Date	Expiration Date

**C. Disclosure of Background Information**

If you answer "yes" to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, court records, and any other information that explains the circumstances in detail.	YES	NO	Documentation Attached
1. Have you ever had a professional certificate, license, credential, or any document issued for practice denied, suspended, revoked, or voluntarily surrendered? If you have had a professional certificate, license, credential, or any other document issued for practice initially denied by a licensing body, but later issued, you must answer "yes."			
2. Have you ever been suspended or discharged from any employment or military service because of allegations of misconduct?			
3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of allegations of misconduct?			
4. Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5. Have you ever been convicted of or entered a guilty plea, an "Alford" plea, or a plea of nolo contendere (no contest) to a felony or misdemeanor, even if adjudication of the sentence was withheld in Kentucky or any other state? For the purpose of this application, minor traffic violations should not be reported. Convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.			
6. Do you have any criminal charges pending against you?			
7. If you indicated "yes" to question #1 through #6, has the EPSB previously reviewed the information?  _____ (Date of Review)			

I declare that I understand the standard for personal and professional conduct expected of a professional educator in Kentucky. I further certify that I have read and examined the Professional Code of Ethics for Kentucky Certified School Personnel, 16 Kentucky Administrative Regulation 1:020, understand its provisions, and agree to abide by its terms during the course of my career as a professional educator.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Section VII. Affirmation**

I affirm and declare that all information given by me on 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 or revocation of my teaching certificate. Further, I understand that KRS 161.120 provides that a teaching certificate may be revoked at any time upon determination that false information was presented toward obtaining a teaching certificate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_