



Discretionary Staff Application

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Social Security Number: _____

Position for which you are applying: _____

EDUCATIONAL DATA:

Name of School	Address	Course or Major	Graduated
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Technical School:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			Yrs. Completed _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATIONAL LICENSURE: (List only valid licenses, as applicable.)

Licensure Type	Issuer	Effective Dates

EQUAL OPPORTUNITY EMPLOYER

Louisville City School District does not discriminate in its employment practices, services & programs because of race, color, religion, sex, national origin, disability, age or military status.

FOR OFFICE USE ONLY

Date Received: _____
By: (Initials) _____
Updates: _____

EMPLOYMENT INFORMATION**WORK HISTORY:** (List most recent position first)

Employer	Address	Position	Employed from month/year	Reason for Leaving

REFERENCES: (Must list at least three references who are familiar with your quality of work and are not related to you)

Name	Address	Relationship	Home Phone	Work or Cell Phone

TRAINING/QUALIFICATIONS: (Please list all other trainings/qualifications you have that relate to this position.)

Your signature on this form is your consent to the designee of the Louisville City Schools to request further information from past employers, schools you have attended, and law enforcement agencies to substantiate your past performance.

I affirm that the information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of facts on this application may result in my dismissal.

Signature: _____**Date:** _____