

**APPLICATION FOR EMPLOYMENT
CROCKETT COUNTY SCHOOLS**

*102 North Cavalier Drive
Alamo, Tennessee 38001
Phone: 731-696-2604
Fax: 731-696-4734*

Substitute Teacher

Date: _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Phone _____ Social Security Number _____

Grade Level(s) Desired: Elementary School _____ Middle School _____ High School _____

PROFESSIONAL LICENSURE

Do you currently have a valid Tennessee Teaching License? Yes _____, No _____

If YES, Area(s) of Endorsement _____

EDUCATIONAL BACKGROUND

Name of School	Address	Dates Attended	Major	Degree
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Other	_____	_____	_____	_____

TEACHING EXPERIENCE

Name of Employer	Address	Grade/Subject	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER WORK EXPERIENCE

Name of Employer	Address	Position	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Can you speak, understand, or relate in a language other than English? _____ Which language? _____

Please provide any additional information in regard to your interests, abilities, experiences, etc. that you believe have a bearing on your qualifications for the position for which you are applying:

REFERENCES

Name	Address	Phone	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION FOR EMPLOYMENT

CROCKETT COUNTY SCHOOLS

Alamo, Tennessee 38001

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND MARK THE APPROPRIATE RESPONSE. YOUR APPLICATION WILL NOT BE CONSIDERED IF THESE ITEMS ARE INCOMPLETE.

- 1. I hereby apply for employment as _____ (teacher, principal, supervisor, other) in the school system beginning _____.
2. I recognize that, if I am employed, the Board of Education of the said school system will assign or reassign me to a specific position as the need requires.
3. I hereby certify that I (have) _____ (have not)_____ been convicted of a misdemeanor or a felony in any state of the United States.
4. I further certify that I (have)_____ (have not)_____ been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination as the same are defined in Section 49-5-501 of the Tennessee Code.
5. If my most recent employer were another Tennessee Public School system and if my termination were voluntary, I hereby certify that my resignation was, or will be submitted at least 30 days prior to my employment with the Crockett County Schools, or, if within 30 days, that the previous board has waived its right to such notice.
6. I understand that misrepresentation of any of these certifications may subject me to the penalties prescribed in Sections 49-5-406 or 49-5-407 or 49-5-411 of the Tennessee Code.
7. I am a citizen of the United States. I shall support the constitution of Tennessee and the United States.
8. I do not advocate the overthrow of the American form of government nor am I a member of a political party which advocates the overthrow of the American form of government.
9. I will present a physician's statement verifying that I do not have any contagious or communicable disease which may endanger the health of school children upon offer of employment.
10. I understand that the accuracy of information submitted on this application may be verified by fingerprint and criminal history records check conducted by the Tennessee Bureau of Investigation pursuant to Tennessee Code Annotated Section 49-5-413 and that I may be required to pay the costs incurred in conducting this background investigation if I am offered and accept a position with the school system.
11. I understand that misrepresentation of any of the above statements may subject me to a fine, loss of an opportunity for employment, and loss of position if employed.

Date

Signature of Applicant

** You are not required to disclose a parking or moving traffic violation if the maximum sanction provided by law for such violation does not include a period of confinement.

** Knowingly falsifying information required by Section 49-5-406(a)(1) shall be sufficient grounds for termination of employment and shall also constitute a Class A misdemeanor which must be reported to the District Attorney General for prosecution.

- Please attach a copy of your Transcript and Teacher License. You may include a resumé and/or other appropriate information.
Applications are valid for twelve months from date of submission. After this date, a new or updated application must be filed.

The Crockett County Board of Education does not discriminate on the basis of sex, race, color, national origin, creed, religion, age, marital status, or disability in its educational programs, activities, or employment policies.

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I, _____, authorize any public or private custodian of records to disclose to the *Crockett County Board of Education* any records or information about my employment history, education and police records. I understand any information will be kept confidential. Please consider this as a request for a complete verification of my employment history, education and police records and furnish same to the *Crockett County Board of Education*.

Signature of Applicant

Date

Social Security Number

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