

**GRUNDY COUNTY BOARD OF EDUCATION
SUPPORT PERSONNEL APPLICATION FOR EMPLOYMENT**

POSITION APPLYING FOR_____ **DATE**_____

Name_____

Address_____
(Street/P.O. Box) (City) (State) (Zip)

Telephone
Number: (Home)_____ (Work)_____

Are you eligible to work in the United States?__Yes__No

Social Security Number_____

Have you been convicted of a felony?____Yes____No

If yes,
explain_____

Have you ever worked in our system?_____Yes_____No

If yes, indicate what capacity:_____

If yes, indicate dates (beginning and ending) of employment:_____

Have you ever been a member of the Tennessee Consolidated
Retirement System? ____Yes____No

Circle highest grade completed in each category:

High School	Technology, Trade, Industrial Program(s)	College	Graduate School
7 8 9 10 11 12 GED	Certificate Licensure	1 2 3 4 Degree	1 2 3 4 5 6

High School Attended: _____
Name & Address

Professional, Technology, Trade, Industrial Programs: _____
Name & Address

Dates	Certificate/License/Bus License Number
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College Attended: _____
Name & Address

Dates	Major	Credits or Degree
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Please list all employment for the past fifteen (15) years, starting with the most recent:

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From _____ To _____ Employer _____

Address _____ Telephone _____

Job Title _____ Major Duties _____

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From _____ To _____ Employer _____

Address _____ Telephone _____

Job Title _____ Major Duties _____

=====

From _____ To _____ Employer _____

Address _____ Telephone _____

Job Title _____ Major Duties _____

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From _____ To _____ Employer _____

Address _____ Telephone _____

Job Title _____ Major Duties _____

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From _____ To _____ Employer _____

Address _____ Telephone _____

Job Title _____ Major Duties _____

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From _____ To _____ Employer _____

Address _____ Telephone _____

Job Title _____ Major Duties _____

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List two professional/work references: Include at least one employer from a position held within the last five years. The Grundy County Department of Education reserves the right to contact your references at any time after your application is received.

Name _____ Work Relationship _____

Address _____ Telephone _____

Name _____ Work Relationship _____

Address _____ Telephone _____

The following statement is part of the application. Read carefully before signing.

I hereby authorize representatives of the Grundy County Department of Education to obtain information about me including, but not limited to, verification of education, investigation of present and past employment, and review of criminal convictions. I release the Grundy County Department of Education and its representatives from liability for seeking such information and all sources for furnishing such information. I affirm that all statements on this application are true and accurate and understand that omissions and/or false or misleading statements made by me on this application will be sufficient cause for rejection of my application or terminations of my employment. I acknowledge that the Grundy County School System is a drug-free system; therefore, any unlawful manufacture, distribution, possession, and/or use of tobacco and/or tobacco products, alcohol or illicit drugs on any school site or property owned or controlled by the Grundy County Department of Education or during any activity of the Grundy County School System is subject to applicable school, state, and federal laws. The Grundy County School System does not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, sex, mental retardation, or physical disability.

Applicant's Signature _____

Date _____