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| **Employment Application – Certified Positions** |
| Name: |  |  |  |  |  |
|  | (Last) |  | (First) |  | (Middle) |
| Permanent Address: |  | Temporary Address: |  |
|  |  |  |  |
| E-mail: |  | Phone: |  | Cellular: |  |
|  |  |  | Include Area Code |  | Include Area Code |
| **Do you have a Tennessee Teaching License?** |  | Yes |  | No | **If yes, complete items 1-4 below.** |
| ***1*** | License Number |  |  | ***3*** | License Type: |  |
| ***2*** | Endorsement(s): |  |  | ***4*** | Expiration Date: |  |
| **If you do not have at Tennessee Teaching License, what is your plan for attaining a license? When will you apply?** |
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|  |  |  |
| **Education** |
|  | **Institution Name****Location** | **Attendance Dates** | **Diploma, Degree or Certificate Earned** | **Major, Minor, or****Focus of Study** |
| **From** | **Through** |
| **High School** |  |  |  |  |  |
|  |
| **Undergraduate** |  |  |  |  |  |
|  |
| **Graduate** |  |  |  |  |  |
|  |
| **Other** |  |  |  |  |  |
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| **Attach copies of college transcripts to the application form.** |
| **Student Teaching Experience** |
| **School****Address** | **Subject****Grade** | **Beginning Date****Ending Date** | **Principal****Supervising Teacher** |
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|  |  |  |  |
|  | **I have no student teaching experience.** |
| **Professional Teaching Experience** |
| **School****Address** | **Subject****Grade** | **Beginning Date****Ending Date** | **Principal’s Name****Direct Phone Number** |
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| **Other Work Experience** |
| **Firm Name****Address** | **Position** | **Employment Dates** | **Immediate Supervisor****Phone Number** |
| **From** | **Through** |
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| **References** |
| **Name****Relationship** | **Address Street/PO Box****Address City, State ZIP** | **Daytime Phone****Evening/Cellular Phone** |
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| **Please list any hobbies or special interests**  |  |
| **Please list memberships in any** **civic or professional organizations.** |  |
| **Please list any coaching or extracurricular positions you are interested in.** |  |
|  |
| ***1*** | **Have you ever been disciplined, suspended, or dismissed for cause?** |  | **Yes** |  | **No** |
| ***2*** | **Have you ever been convicted of a felony?**  |  | **Yes** |  | **No** |
| ***3*** | **Are criminal charges currently pending against you in any jurisdiction?** |  | **Yes** |  | **No** |
| ***4*** | **Are you currently under contract with another school system?** |  | **Yes** |  | **No** |
| ***5*** | **What date would you be eligible for employments with West Carroll SSD?** |  |
| **If you answer yes to any question # 1-4, please attach a detailed explanation to this application form.** |
| **Authorizations and Assurances** |
| **I understand that if I am employed by WCSSD, the Director of Schools may assign or reassign me to any position or school necessary to meet the needs of the school system. If I am employed for specific coaching or other supplemented duties and later refuse to perform those duties, unless released from those duties in writing by the Director of Schools, I agree that I may be terminated without recourse.** |
| **I certify that the information given by me on this document is true and complete. I understand that intentionally supplying false information on this application will result in rejection of my request for employment, and false information shall render me ineligible for future consideration for employment, and that if employed the discovery of a falsehood on my application shall be sufficient grounds for termination of employment and shall also constitute a Class A misdemeanor.** |
| **I understand and I agree that all information furnished on this application may be verified by WCSSD. I hereby authorize the District to conduct a background investigation, including a review of education records and contacts with former employers, to determine my suitability for employment. I hereby authorize all individuals and organizations named or referred to on this application to give all information relative to my employment, work habit, and character. Information submitted on this application will be verified by a fingerprint and criminal history records check to be conducted by the Tennessee Bureau of Investigation pursuant to TCA Section 49-5-413.** |
| **No applicant is officially employed until his/her appointment is approved by the Director of Schools.** |
| **Applicant’s Signature:** |  | **Date:** |  |

**Application Data Collection**

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| --- | --- | --- |
| To the Applicant: | Today’s Date: |  |
| Title VI of the Civil Rights Act of 1964 requires that West Carroll Special School District request to following information from each applicant. This is a request for information; no applicant is required to complete this questionnaire as a condition of employment. The survey will be removed from the application and maintained in a different file to be used only for the purpose of data collection. |
| Please check only one response for each item. |
| 1 | My gender is… | xxX | Male |  | Female |
| 2 | I have a disability. |  | Yes |  | No |
| 3 | I am a veteran. |  | Yes |  | No |
| 4 | I am 65 years old or older. |  | Yes |  | No |
| 5 | My marital status is… |  | Married |  | Single |
| 6 | My ethnicity is… |  | Hispanic |  | Not Hispanic |
| 7 | My race is… |  | American Indian or Alaskan Native |
|  |  |  | Asian |
|  |  |  | Black or African American |
|  |  |  | Native Hawaiian or other Pacific Islander |
|  |  |  | White |
| 8 | My primary language is… |  |
| 9 | My country of birth… |  |