



EMPLOYMENT APPLICATION

APPLICANT'S NAME _____

JOB TITLE _____ Application Date _____

Address _____

City _____ State _____ Zip Code _____

Email address _____ Tel. No. _____

PERSONAL INFORMATION

General Information

How did you learn about this position? _____

Contact Information

First Name	Middle Name
Last Name	Other Name
Email	Have you worked here before?
Social Security _____	Primary Phone _____ Alternate Phone _____
Present Address	
Street	City
State	Zip Code/Postal Code
Permanent Address (If different from Present Address)	
Street	City
State	Zip Code/Postal Code
Telephone	

Work Authorization: Are you legally able to work in the U. S. Yes No

Equal Opportunity Information

Providing this information is strictly voluntary. You will not be subject to adverse action or treatment if you choose not to provide this information. If you choose not to provide this information, please select 'Decline to Identify.'

Gender		Ethnicity	
American Indian or Alaska Native		Asian	
Black or African American		Native Hawaiian or Other Pacific Islander	
White			



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BACKGROUND INFORMATION

Background

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes No

If yes, please explain _____

• Have you ever had a professional certificate revoked or suspended? Yes No

If yes, please explain _____

• Have you been convicted of any offense for physical or sexual abuse of a child? Yes No

If yes, please explain _____

• Have you ever had a charge of child abuse against you substantiated? Yes No

If yes, please explain _____

• Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from the employment of another school district? Yes No

If yes, please give the name of the district, the date and the reason for the resignation or termination _____

• Have you ever had a professional license revoked or suspended? Yes No

If yes, please explain _____

EDUCATION

Secondary/High School Information

School Attended # Years Activities/Honors	City/State	
Undergraduate Institution #1		
Type of School	Name of School	
City	State	
Attended From (mm/yyyy)	Attended To (mm/yyyy)	
Graduation Date (mm/yyyy)	Degree	
Subject _____ Semester Credit _____ Hours Earned _____	GPA	



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Undergraduate Institution #2		
Type of School	Name of School	
City	State	
Attended From (mm/yyyy)	Attended To (mm/yyyy)	
Graduation Date (mm/yyyy)	Degree	
Subject: _____	GPA	
Semester Credit _____		
Hours Earned _____		
Undergraduate Institution #3		
Type of School	Name of School	
City	State	
Attended From (mm/yyyy)	Attended To (mm/yyyy)	
Graduation Date (mm/yyyy)	Degree	
Subject	GPA	
Semester Credit		
Hours Earned		
Graduate Institution #1		
Name of School	City/State	
From (mm/yyyy)	To (mm/yyyy)	
Graduation Date (mm/yyyy)	GPA	
Semester Hours Credit	Degree	
Degree Subject		
Graduate Institution #2		
Name of School	City/State	
From (mm/yyyy)	To (mm/yyyy)	
Graduation Date (mm/yyyy)	GPA	
Semester Hours Credit	Degree	
Degree Subject		
Graduate Institution #3		
Name of School	City/State	
From (mm/yyyy)	To (mm/yyyy)	
Graduation Date (mm/yyyy)	GPA	
Semester Hours Credit	Degree	
Degree Subject		



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Student Teaching #1		
Name of School	Subject	
Grade	Semester	
Year		

JOB SKILLS

Activities

List activities you are willing to sponsor If appointed to the staff, are you willing to accept assignments where your services are needed? _____

Certification Information/Professional Certificate #1

Certification Area _____

Certification Area Type _____

Grade Level _____

Expiration Date _____

Certification Information/Professional Certificate #2

Certification Area _____

Certification Area Type _____

Grade Level _____

Expiration Date _____

Certification Information/Professional Certificate #3

Certification Area _____

Certification Area _____

Grade Level _____

Expiration Date _____

Details _____

<u>Out of State Certification information</u>		Expiration Date
Certification Area		
Details		
REFERENCES		
Title	Relationship	
Address	City	
State	Zip	
Email	Phone	
From	To	
Reference Letter written by:		
Title	Relationship	
Address	City	
State	Zip	
Email	Phone	



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From	To
<i>Reference Letter written by:</i>	

Present Position

EMPLOYMENT HISTORY	
Present Title	Salary
Name of Employer	Employer's Address
Employer's Address	Employer's City
Employer's State	Employer's Zip Code/Postal Code
Start Date	May we Contact this Employer

Professional Experience #1

From (mm/yyyy) School/Complete Address	To (mm/yyyy)
Assignment	Reason For Leaving

Professional Experience #2

From (mm/yyyy) School/Complete Address	To (mm/yyyy)
Assignment	Reason For Leaving

Professional Experience #3

From (mm/yyyy) School/Complete Address	To (mm/yyyy)
Assignment	Reason For Leaving

Experience Summary

Actual experience in a scholastic environment (with the exception of non-academic experience).

Years of teaching _____ Years of student experience _____ Teaching experience

Years of administrative experience _____

COVER LETTER

Cover Letter

Please provide a cover letter for this application.



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ATTACHMENTS

Attachment

Resume

Certification

Transcript

DISCLAIMERS AND AFFIRMATION

District Policy

The School District does not discriminate on the basis of race, color, national origin age, sex or disability, in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning the School's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), or Title II of the Americans with Disabilities Act of 1990 (ADA), may contact the Assistant Superintendent.

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Claiborne County School District uses the E-Verify system operated by the Department of Homeland Security (DHS) and the Social Security Administration (SSA) to verify employment eligibility of newly hired employees.

Application Confirmation Statement

I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by the School District, I will abide by all Board of Education and school policies, work on assigned committees, and continue my professional growth to the best of my ability and within reasonable and personal standards. I grant permission for school officials to obtain a personal record check from the federal, state, county, and/or local law enforcement agencies and Division of Family Services; also a credit history check may be made. I release individuals listed as references and current or former employers from any liability for information given in response to a request for an employment reference. I understand that I will be required to take a drug test and physical exam prior to assuming any position for which I may be employed. In the event that I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after the discovery of the false or misleading information. I understand that this application will be considered active for one year from date of submission. *I agree to the terms Affirm above*

Signature _____

Affirmation Date _____