

License Number: _____

Areas of Certification: _____

Mission: Equal Access To and Promotion Of Educational Excellence

EDUCATION: Include High School, College, Graduate Work in Order taken:

School	Dates	Semester Hrs.	Degree/Major
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EXPERIENCE:

Name of School/Location	Dates	No. Months	Nature of Work
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PROFESSIONAL REFERENCES:

Name	Mailing Address & Phone No.	Position
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APPLICANT STATEMENT

I certify that all statements made in this application are true and complete, and that any misstatements of material facts will subject me to disqualification or dismissal. In submitting this application for employment, I authorize investigation of all statements contained therein. I authorize any person, organization, or educational INSTITUTION attended as stated or otherwise, to furnish the Claiborne County Board of Education any information they have concerning me, whether on record or not, and I hereby release all persons, organizations, and institutions from claims for damages by reason of furnishing such information.

TENNESSEE CODE, Section 49-5-408

I recognize that, if I am employed, the Claiborne County Board of Education will assign or reassign me to a specific position as the need requires.

I hereby certify that I (_____ have _____ have not) been convicted of a misdemeanor or a felony in any state of the United States.
(If "have" is indicated, explain fully the details of each such conviction on a separate sheet of paper.)

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.

(If “have” is indicated, explain fully the details of each such dismissal on a separate sheet of paper. The employer’s non-renewal of a yearly contract need not be indicated unless the non-renewal was for cause as listed above.)

I understand that misrepresentation of any of these certifications may subject me to the penalties prescribed in Section 49-5-406 of the Tennessee Code.

Legal Name (Last, First, Middle, Maiden): _____

Social Security # _____ Driver’s License # _____

Phone No. Home: _____ Work: _____ Cell: _____

Address: _____

Street/Road City State Zip Code

APPLICANT SIGNATURE _____

DATE _____