## APPLICATION FOR PROFESSIONAL EMPLOYMENT

## CLAIBORNE COUNTY BOARD OF EDUCATION

1403 TAZEWELL ROAD P.O. BOX 179 TAZEWELL, TENNESSEE 37879 Telephone: 423-626-3543 Fax: 423-626-5945

Name:					
Last	First		Middle		Maiden
Address:					
Street			City	ST	ZIP
Phone # (Home): (Work):			(Cell):		
Social Security #:	Date Available	for Emp	loyment:		
Applying For (Position):					
<u>II</u>	NFORMATION FO	R FILIN	G APPLICATION		
<ol> <li>Complete application and retu</li> <li>Along with application send:</li> </ol>	ırn to Claiborne Cou	nty Board	of Education.		
	17.5		Copy of NTE scores		
or verification that licensure is pending B. College Transcript		D. E.	Resume Photograph (optional)		
b. Conege Transcript		L.	i notograph (optionar)		
REQUIREMENT: YOU MUST POSS		NNESSE DNAL DA		CATE	
Subject Area and/or Grade Level:					
Grade Level Preferred (1st Choice)	(2 <sup>nd</sup> Ch	oice)			
Check type(s) of Tennessee Teaching License(s)	held:				
Career Level I	Career Level II		Career Level III		
Probationary	Apprentice		Professional		
Permanent	Trade Shop				
License Number:					
Area(s) of Certification and/or Endorse	ement:				

## PLEASE COMPLETE THE BACK OF THIS APPLICATION

\*\*\*\*\*APPLICATIONS REMAIN ON FILE FOR TWO YEARS\*\*\*\*

Mission: Equal Access to and Promotion of Educational Excellence

It is the policy of the Claiborne County School system not to discriminate on the basis of race, color, religion, sex, national origin, age or disability in its education programs or employment policies as required by Titles VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, Title IX (1972 Educational Amendments), section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, Inquiries regarding compliance with Title IX, Section 504 or the Americans with Disabilities ACT should be directed to Dorothy Shuford, 504 Coordinator, Claiborne County Board of Education, 1403 Tazewell Road, Tazewell, TN 37879 phone 423/626/7979 or to the Office of Civil Rights, U.S. Department of Education, Washington, D.C.

## **EDUCATION**

Include high school, college, and graduate work in order taken: Date of Attendance Semester Hrs. Major Degree School **EXPERIENCE** Name of School Location Dates Number Years Position PROFESSIONAL REFERENCES Address & Phone Position Name 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. I recognize that, if I am employed, the Director of Schools 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 conviction 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 these certifications may subject me to the penalties prescribed in Section 49 - 5 - 406 of the Tennessee Code. Legal Name (printed): Applicant Signature: Date: Official employment contingent upon acceptable TBI/FBI background check. ---FOR OFFICE USE ONLY---References Checked By\_\_\_\_\_ Required Documents YES NO Background Check Clear YES NO Date of Background Clearance\_\_\_\_\_ Interview Date Interviewed By\_\_\_\_\_ Hire Date School Position\_\_\_