APPLICATION FOR

ADMINISTRATIVE 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 # XXX-XX-____ Date Available for Employment:_____

Applying For (Position):_____

INFORMATION FOR FILING APPLICATION

1. Complete and return application to the Director of Schools' Office. Include with application pertinent documents such as:
    a. Copy of Tennessee teacher license
    b. College transcript(s)
    c. Resume
    d. Photograph
    e. Physician's Certificate (Verification of Physical Exam)

PERSONAL DATA

List type(s) of Teacher License(s) held:

_____
_____
_____

Area(s) of Certification and/or Endorsement:

_____
_____
_____

PLEASE COMPLETE THE BACK OF THIS APPLICATION

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

Mission: Equal Access to and Promotion of Educational Excellence

EDUCATION

Include high school, college, and graduate work in order taken:

School	Date of Attendance	Semester Hrs.	Major	Degree

EXPERIENCE

Name of School	Location	Dates	Number Years	Position

PROFESSIONAL REFERENCES

Name	Address & Phone	Position

APPLICANT STATEMENT

I certify that all statements made in this application are true and complete, and that any intentional misstatements of material facts will subject me to disqualification or dismissal. In submitting this application for employment, I authorize an investigation of all statements contained herein.

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 defined in Tennessee Code Annotated Section 49-5-501. (If "have" is indicated, explain fully the details of each instance of conduct on a separate sheet of paper. The employer's non-renewal of a yearly contract need not be indicated unless the non-renewal was based on one of the factors listed above.)

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

Legal Name (printed):_____

Applicant Signature:_____ Date:_____

---FOR OFFICE USE ONLY---

Required Documents	**YES**	**NO**	References Checked By	
Background Check Clear	**YES**	**NO**	Date of Background Clearance	
Interview Date			Interviewed By	
Date of Physical Exam				
Hire Date			Position	
School				

PHYSICIAN'S CERTIFICATE
FOR CLAIBORNE COUNTY BOARD OF EDUCATION EMPLOYEE

I, _____, *hereby certify that I am a*
(Physician's Name)

licensed physician in _____ *County, State of Tennessee, and that*
(County)

on _____ *I examined* _____
(Date) (Claiborne County Board of Education Employee)

and found him/her to be free of any physical ailment, disease, or defect that would disqualify him/her as an employee of the Claiborne County School System.

_____
(Signature of Examining Physician)

Printed or stamped name of physician and office address:

_____

_____

_____

_____

NOTE: A tuberculosis x-ray, skin test, or evaluation (screening) is required.

Test Result: _____

_____ _____
(Signature of Health Professional) (Date)