

APPLICATION FOR
SUPPORT STAFF

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 Employment: _____

Position Preferred: _____

Do you have a high school diploma? Yes _____ No _____

EDUCATION

School Name	Address	Year Graduated

EXPERIENCE

Employer	Dates	Position Held

REFERENCES

Name	Occupation	Phone Number

All initial employees will be required to provide evidence of G.E.D., high school diploma, or college transcript, and to have a physical examination.

PLEASE COMPLETE THE BACK OF THIS APPLICATION

APPLICATIONS REMAIN ON FILE FOR TWO YEARS

Mission: Equal Access to and Promotion of Educational Excellence

Claiborne County Schools do not discriminate on the basis of race, sex, color, religion, age, veteran status or disability in provision of education programs and services or employment opportunities and benefits in pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and other state and federal laws.

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: _____

Official employment contingent upon acceptable TBI/FBI background check.

---FOR OFFICE USE ONLY---			
Required Documents	Yes	No	References Checked By _____
Background Check Clear	YES	NO	Date of Background Clearance _____
Interview Date _____			Interviewed By _____
Hire Date _____			Position _____
School _____			