

ROANE COUNTY SCHOOL SYSTEM

105 Bluff Road
 Kingston, Tennessee 37763-9781
 Telephone (865) 376-5592
 FAX (865) 376-1284

PROFESSIONAL EMPLOYMENT APPLICATION (Certificated Personnel Only)

Date Filing Application: _____

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

Present Address: _____
(Number) (Street) (City) (State/Zip)

Daytime Phone # () _____ **Other Phone #** () _____ **Social Security #** _____

Permanent Address: _____
(Number) (Street) (City) (State/Zip)

Notify in case of emergency: _____ () _____
(Name and Address) (Relationship) (Phone #)

POSITION DESIRED

(List only those which you are now or will be eligible for certification in Tennessee. List Grades and/or Subject Area in Order of Preference)

Elementary Secondary Special Areas

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Give date you expect to be available for employment: _____

Interviewer's Comments: _____

FOR OFFICE USE ONLY (Applicants do not write below)

<u>Action</u>	<u>Date</u>		<u>Check List</u>
App. Ack. _____		Employment Date _____	Background Check _____
Supv. Int. _____		Position Assign. _____	Form I-9 _____
Bldg. Int. _____		Location _____	Form W-4 _____
Ref. Check _____		Salary _____	PR-1 Cards _____
			Transcript _____
			License/Certificate _____
			Health Certificate _____
			Exp./Mil. Serv. Ver. _____
			Birth Certificate _____
			Ret./Ins. Forms _____

PREPARATION FOR TEACHING

EDUCATION AND TRAINING: List high school, college, graduate school, business college, technical schools, service schools and other training schools attended in preparation for teaching.

School or College (begin with high school)	From	To	Major Field	Degree

Attach official transcript or record of education beyond high school.

STUDENT TEACHING EXPERIENCE

School(s)	Location	Grades or Subject	From	To

TEACHING EXPERIENCE

Name of School or District	Location	Grades or Subject	From			To			No. Yrs.	Salary
			Mo.	Day	Yr.	Mo.	Day	Yr.		

Total years taught (exclude student teaching): _____

WORK OR MILITARY EXPERIENCE

Name of Employer	Location	Assignment	From	To	Rank if Military Service

PERSONAL DATA

Are you a U. S. CITIZEN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(If not, do you intend to be?)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a misdemeanor or a felony?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
<p>NOTE: Knowingly falsifying information required by TCA 49-5-406(a)(1) shall be sufficient grounds for termination of employment and shall also constitute a Class A misdemeanor which must be reported to the District Attorney General for prosecution. The accuracy of information provided by the applicant may be verified by fingerprint and criminal history records check conducted by the TBI pursuant to TCA 49-5-413(a).</p> <p style="text-align: center;">Applicant's Certification</p> <p>I 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 Tennessee Code Annotated, Section 49-5-406 as amended. I further certify that if my most recent employer was/is another Tennessee public school system and if my termination was/is voluntary, that my resignation was/is, or will be submitted at least 30 days prior to the beginning date of my employment in the Roane County School System; or if less than 30 days, that my previous employer (board of education) has waived its right to such notice. A copy of my letter of resignation or of the said board's action is attached hereto or will be provided, and</p> <p>If I am offered and accept a position in the Roane County School System, I hereby agree, as a condition of employment, to submit to a criminal background check at my expense.</p>					
_____			_____		
Date Certified			Applicant's Signature		

SPECIAL QUALIFICATIONS, PUBLICATIONS, HONORS, TRAVEL, OUTSIDE ACTIVITIES

(Attach additional sheets, if you desire)

Hobbies and Recreational Interests:

LICENSE/CERTIFICATION INFORMATION

Licenses/Certificates (State)	Type	Reference No.	Issue Date	Expiration Date	Endorsements

NOTE: Information regarding professional certification and application for Tennessee Teacher License may be obtained from the Tennessee Department of Education, Office of Teacher Licensing and Career Ladder Certification, 5th Floor Andrew Johnson Tower, 710 James Robertson Parkway, Nashville, TN 37243-0377, Main Telephone Number (615) 532-4885.

