



**Certification**

Indicate type of Tennessee Certificate now held:

Apprentice: \_\_\_\_\_ Professional: \_\_\_\_\_

*\*Attach a copy of Documentation of required qualification*

**Teaching Experience**  
Starting with most current---Do not include student teaching or field experience

School	Address	Grade/Subject	School Year(s)	Total Months

**Student Teaching**  
For applicants with less than two years of experience

School	Address	Grade/Subject	Supervising Teacher	Dates

**Work Experience**  
**List employers beginning with last or present job**

Employer Name and Address	Position	Dates Employed	Reason For Leaving	May We Contact

**List any specialized training, apprenticeship, skills or equipment you can operate.**

**References**  
**List individuals who have knowledge of your work and skills**

Name	Address and Phone	Occupation

*The Jackson County School District is an Equal Employment Opportunity Employer. Jackson County Schools does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in the educational programs or employment policies as required by Title VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, Title IX, 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 Disability Act Office of Civil Rights, U.S. Department of Education, Washington, D.C. Inquiries regarding compliance with Title VI, Title IX, and section 504 may be directed to Kristy Brown at the Jackson County Board of Education, 711 School Dr., Gainesboro, TN 38562. (931) 268-0119*

### Applicant's Statement

I understand that if I am employed, the Board of Education may assign or reassign me to a specific position as the need requires.

I hereby certify that I **(have)** or **(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)** or **(have not)** been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence or insubordination as the same as defined in Section 49-5-511, 49-2-203 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.

If my most recent employer was another Tennessee public school system and if my termination was voluntary, I certify that my resignation was, or will be submitted in writing at least thirty (30) days prior to the beginning date stated herein; or if within thirty (30) days, that the previous board has waived its right to such notice. A copy of my letter of resignation or a copy of the said board action is attached or will be provided.

I do not have any contagious or communicable disease which may endanger the health of school children. I understand that a post-offer medical examination may be for required for employment. Any decision not to hire based on this examination must be job related or when no reasonable accommodation is available.

I understand that misrepresentation of any of the above statements or information given during interview(s) or an unsatisfactory criminal background check (conducted per TCA 49-5-413, 49-5-406) may subject me to loss of opportunity for employment and loss of position if employed. Also, that acceptance of an offer of employment does not create a contractual obligation upon the Board of Education to continue employment in the future.

This application will remain on file for one (1) year. After one (1) year, applications will be placed in an inactive file. If you wish for your application to remain in the active file, you must notify the Central Office in writing.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation and release of information of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Information may be verified by fingerprint sample, criminal history records check conducted by the Tennessee Bureau of Investigation, or other checks pursuant to Tennessee Code Annotated, Section 49-5-413. I understand the local Board of Education requires an applicant to pay the nonrefundable fingerprinting fee set by the T.B.I. if the applicant is offered and accepts a position as a teacher or any other position requiring proximity to school children. I agree that if any information changes either before or after employment, I will notify the Central Office immediately. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that Jackson County Schools, or an agent of their choice, may conduct a thorough background investigation before rendering a final decision regarding my eligibility. To facilitate this investigation, I do hereby give my consent and authority for any police agency to furnish information from their records to Jackson County Schools, or an agent of their choice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_