

Weakley County Schools

8319 Hwy. 22, Suite A, Dresden, TN 38225
(731) 364-2186 / 2247

APPLICATION FOR PROFESSIONAL EMPLOYMENT

The Weakley County School System will not discriminate against any employee or applicant for employment or training on the basis of race, creed, color, handicap, national origin, sex, age, political affiliation, or beliefs.

Applicant's Full Name _____
(LAST) (FIRST) (M.I.) (Maiden Name)

Other Name(s) _____
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Mailing Address _____
(STREET) (CITY) (STATE) (ZIP)

Telephone Number(s) _____

E-mail Address _____ Social Security No. _____

My signature below authorizes the Weakley County School System to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or falsely answered statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ or for my discharge should I become employed.

Date _____ Signature of applicant _____

MARK THE APPROPRIATE BOXES:

- No Previous Application on File
- Previous Application on File
- * Former Employee

* _____
Position Held Dates Employed

Are you a U.S. citizen? Yes No

If not, are you eligible to work in the U.S.?
 Yes No

NOTE: Applications Deleted After Two Years.

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> School Counselor |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Library/Media |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Other _____ |

List grade level(s) and/or subject area(s) in order of preference:

I. EDUCATIONAL TRAINING (List chronologically and **ATTACH COLLEGE TRANSCRIPT(S)**.)

Level of Education	Name	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance From ... To
High School						
College or University						

II. STUDENT TEACHING OR INTERN EXPERIENCE (List chronologically and include any internships.)

Name of School	School Division City/County	State	Grade Level and/or Subject	Dates

III. TEACHING EXPERIENCE (List teaching experience chronologically. **EXCLUDE SHORT-TERM SUBSTITUTE TEACHING**)

Name of School	School Division City/County	State	Position Held Grades and/or Subjects Taught	Dates of Employment From ... To ...	Full Time	Part Time

IV. WORK EXPERIENCE Other Than Teaching (List chronologically and attach a sheet if necessary.)

Employer	City/County	State	Kind of Work	Dates of Employment

NOTE: We may contact the employers listed on this page unless you indicate those you do not want us to contact.

Do Not Contact: Employer: _____ Reason: _____

Employer: _____ Reason: _____

V. LICENSURE/CERTIFICATION

- A. If you have been issued a Tennessee license, **PLEASE SUBMIT A PHOTOCOPY:**
 Tennessee Licensure Status: Apprentice _____ Professional _____ Other (Specify): _____
 Area(s) of Endorsement and Code(s) _____
- B. If you have taken the National Teacher Examination, **PLEASE ATTACH A COPY OF NTE SCORES.**
- C. If you have not taken the NTE or do not have a Tennessee Teaching License, please explain. _____

VI. GENERAL INFORMATION

Month, Day and Year available for employment _____ Are you under contract? Yes No

If yes, where? _____ Present position? _____

If presently employed, why do you wish to change? _____

Have you ever been refused tenure or a continuing contract? (If yes, explain on back)..... Yes No

Have you ever been discharged or requested to resign from a position? (If yes, explain on back)..... Yes No

Have you ever had a certificate or license revoked or suspended? (If yes, explain on back)..... Yes No

* Have you ever been convicted of a violation of law other than minor traffic violations? (If yes, explain on back)... Yes No

* Are any criminal charges or proceedings pending against you? (If yes, explain on back)..... Yes No

* Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? (If yes, explain on back)..... Yes No

VII. REFERENCES

It is **the applicant's responsibility** to have the following information provided in order for this application to be processed.
NOTE: Mark "HOLD" in front of any references whom you do not wish us to contact at the present time.

Position	Name of Reference	Mailing Address	Zip
Classroom Cooperating Teacher			
Student Teaching Supervisor			

* A conviction record will not necessarily be a bar to employment. This information will be used only for job related purposes and only to the extent permitted by applicable law.

