

JOHNSON COUNTY SCHOOLS

211 North Church Street

Mountain City, Tennessee 37683

(423) 727-2640

PROFESSIONAL APPLICATION

*Application Date _____ Update/Reactivated _____

*This application will be active for one year after the above date. Notification to have application remain active or re-application is then necessary.

NAME (Last) (First) (Middle) SOCIAL SECURITY NUMBER

PRESENT ADDRESS Street/Road/Box City State Zip

PERMANENT ADDRESS Street/Road/Box City State Zip

TELEPHONE NO. TOTAL YEARS TEACHING DEGREE EARNED CAREER LADDER

ALTERNATE NO. POSITION APPLIED FOR DATE AVAILABLE

TEACHER LICENSE NUMBER TYPE STATE AREAS OF ENDORSEMENT

- Included with this application: [] recent transcript [] NTE scores which meet state requirements [] copy of license [] completed reference sheets

If any of the above are missing, please explain: _____

When are you available for employment? _____

- I [] will [] will not accept a part-time or interim teaching position. I [] will [] will not accept employment at any school in the county for which I am certified. I [] will [] will not accept a position as Educational Assistant.

If you will not, please explain: _____

POSITION DESIRED

1st Choice _____ 3rd Choice _____

2nd Choice _____ 4th Choice _____

EDUCATIONAL BACKGROUND (In order beginning with high school)

School	Location	Degree	Date	Major	Minor

Please attach complete transcript of all college work, a copy of Tennessee teaching license, applicable NTE scores, and completed reference sheets. (Failure to do this may result in your application not being considered.)

TEACHING EXPERIENCE (List in order beginning with most recent)

School Address	Principal	Position	Dates Worked	Reason for Leaving

PRACTICE TEACHING (For applicants with less than two years experience)

School _____ Subject _____ Date _____

Supervising Teacher _____ Address/Phone _____

OTHER WORK EXPERIENCE

Employer Address	Type of Work Position	Dates of Employment

MILITARY SERVICE

Date(s) _____ Branch _____ Total Years _____

REFERENCES

Name	Position	Address	Phone #

ACTIVITIES (High School, College and since)

ORGANIZATIONS

Professional _____

Civic _____

CHECK THE ONES YOU FEEL PREPARED TO DO:

Elementary: Teach Art Music P. E. Other _____

Secondary: Sponsor (check at least one): Annual Newspaper Forensics Music

Cheerleading Drama Senior Class

Other Club Name Clubs _____

Athletic Coach Name Sports _____

In your handwriting, make a brief statement of why you have chosen teaching as a profession.

NOTICE TO APPLICANT

The following information must be submitted before your application can be considered. (Please check one):

- Yes No Have you ever been convicted of a misdemeanor or a felony?
- Yes No Have you ever been reported for child abuse or neglect?
- Yes No Have you ever been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination?
- Yes No Are you presently employed by another Tennessee public school system? If yes, will your resignation be submitted at least 30 days prior to the availability date stated on this application?
- Yes No Do you have any contagious or communicable disease which may endanger the health of school children?
- Yes No Do you support the constitution of Tennessee and the United States?
- Yes No Do you understand that if employed, you may be required to undergo an extensive medical examination or tests at your expense?
- Yes No Do you understand that misrepresentation of any of the above statements may subject you to a fine, loss of an opportunity for employment, and loss of position if employed?

By signing this application, I am affirming that all information included in it is true and factual to the best of my knowledge and I am granting permission to Johnson County Board of Education's duly authorized representative to investigate and obtain information relating to my qualifications and character.

Date _____ Signature of Applicant _____

This school system does not discriminate on the basis of race, sex, national origin, marital status, pregnancy status, disability, or religious beliefs in its educational programs, activities or employment practices.

I understand a criminal history record check is a requirement for employment in any education system in Tennessee (Tennessee Code Annotated 49-2-301), and that I will be responsible for the processing fee. Upon employment with Johnson County Schools, I hereby give permission for the Mountain City Police Department to take my fingerprints as part of the criminal history record check process.

I have been informed that my continued employment with the Johnson County School System is contingent on an acceptable criminal history record check. Furthermore, I understand that knowingly falsifying any information on my application for employment is grounds for immediate dismissal.

Date _____ Signature of Applicant _____

To be completed by Personnel Office only:

Applicant's Date of Birth _____ Personnel Officer's Signature _____