

SEVIER COUNTY SCHOOL SYSTEM

226 Cedar Street
Sevierville, Tennessee 37862

APPLICATION FOR TEACHING EMPLOYMENT

PLEASE PRINT OR TYPE

Date of Application ____ / ____ / ____

Name _____
Last
First
Middle
Maiden

Current Address _____
Street
City
State
Zip Code

Permanent Address _____
Street
City
State
Zip Code

Telephone (____) _____ Social Security Number ____ - ____ - ____

Position(s) Desired _____ Level/Subject _____

Have you previously filed an application with us? If so, when, and under what name? _____

Will you accept part-time employment? Yes No

Do you hold a valid Tennessee teaching license? (Please include a copy of your teacher license with application.) Yes No

Are you presently under contract? Yes No

When could you begin employment with Sevier County Schools? ____ / ____ / ____

Have you ever been terminated from a teaching position, or been subject to disciplinary action? If yes, attach an explanation. Yes No

Have you ever been convicted of or pleaded no contest to a felony or misdemeanor? If yes, attach an explanation. Yes No

Teaching License Number _____ Expiration Date _____

Areas of Certification _____

NOTE: Tennessee law requires all professional personnel to hold Tennessee licensure. Individuals are responsible for obtaining and maintaining current teaching licenses. Applications for Tennessee teaching licenses may be secured from the Office of Teacher Licensing, 5th Floor Andrew Johnson Tower, 710 James Robertson Parkway, Nashville, TN 37243-0375.

Tennessee requires that all teachers who began teaching after 1983 take the National Teacher Exam in all areas, including specialty areas.

EDUCATION AND PROFESSIONAL TRAINING (Copies of all college/university transcripts must be included with this application.)

Name and Location of Institution	Dates Attended	Degree Received	Date Degree Awarded

WORK EXPERIENCE IN EDUCATION (Starting with the most recent, list your work history in educational settings. Be sure to include your student teaching.)

Name and Address of School	Grade/Subject	Dates Taught	Total Months Experience

OTHER WORK EXPERIENCE (Starting with the most recent, list the last three non-educational jobs held.)

From:	To:	Employer	Telephone ()
Job Title:		Address:	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities:	
From:	To:	Employer	Telephone ()
Job Title:		Address:	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities:	
From:	To:	Employer	Telephone ()
Job Title:		Address:	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities:	

REFERENCES (Please include both professional and personal references, and list at least five that may be contacted.)

Name and Occupation	Address and Phone	How long have you known this person?
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In the space below, describe your interest in pursuing employment with the Sevier County School System, emphasizing career goals. If you need additional space, attach a separate sheet.

Read carefully before signing:

I certify that all information in this application is complete and correct to the best of my knowledge. I agree that any falsification will constitute disqualification of my application or grounds for dismissal. I agree that if any information changes either before or after employment, I will notify the Central Office immediately. I authorize the Director of Schools or designee to complete reference and background checks. I understand that all employees are subject to assignment of duties by the Board of Education and the Director of Schools.

Signature of Applicant _____

Date ____/____/____

Applications for employment with Sevier County Schools remain on file for two years. The Sevier County School System does not discriminate against any person on the basis of race, gender, color, religion, national origin, age, or handicap in any of its educational or employment programs or activities.