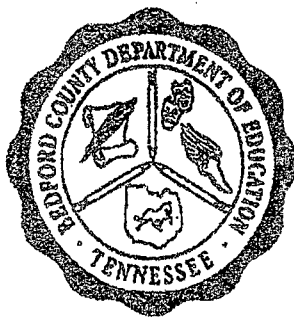


BEDFORD COUNTY DEPARTMENT OF EDUCATION
500 Madison Street, Shelbyville, Tennessee 37160-3391
Personnel Services
(931) 684-3284 Extension 2224
Website address www.bedfordk12tn.net

500 Madison Street, Shelbyville, Tennessee 37160-3391



Date of Application: _____

Social Security Number _____

APPLICATION FOR EMPLOYMENT -- Classified Staff

NAME _____ SIGNATURE _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Street) (City) (State & Zip)

() _____ BEST TIME TO CALL _____
HOME Telephone Number EMERGENCY / FRIEND Telephone Number
-- Someone who most always knows how to reach you.

POSITION(s) DESIRED: (1) _____ (2) _____

DATE AVAILABLE TO START WORK: _____

PREFERENCE: () Full-time () Part-time () Temporary () First Available

OPTIONAL
The following information is used for record keeping and reporting purposes only.
Race/Ethnic Group: [] African American [] Alaska Native [] American Indian [] Asian [] Caucasian [] Hispanic [] Pacific Islander Other _____
Gender () Male () Female Marital Status () Single () Married () Divorced () Widowed National Origin _____

HAVE YOU APPLIED WITH US BEFORE? _____ yes _____ no IF YES, WERE YOU INTERVIEWED? _____ yes _____ no
IF SO, BY WHOM? _____ WHEN? _____

HAVE YOU WORKED IN OUR SCHOOL SYSTEM, IN ANY CAPACITY BEFORE? _____ yes _____ no
IF YES, WHAT POSITION(S)? _____ WHERE? _____
WHO WAS YOUR IMMEDIATE SUPERVISOR(S)? _____

HOW DID YOU BECOME AWARE OF THIS JOB OPENING? _____

LIST ANY PERSONAL / TECHNICAL SKILLS OR SPECIAL TRAINING THAT WOULD BENEFIT YOUR JOB PERFORMANCE, WERE YOU TO BE EMPLOYED: _____

DO YOU HAVE ANY PHYSICAL AND/OR HEALTH CONDITIONS THAT MAY PROHIBIT YOUR MEETING PRESCRIBED JOB DESCRIPTION STANDARDS AND REQUIREMENTS? [] yes [] no IF YES, PLEASE EXPLAIN: _____

The Bedford County Department of Education does not discriminate on the basis of age, sex, race, color, creed, religion, national origin, or handicap in the operation of its educational programs and activities including employment practices.

EDUCATION LEVEL (please circle the highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 +
 Vocational / Technical OTHER _____

EDUCATIONAL AND PROFESSIONAL TRAINING (list schools attended beginning with high school):

Name of School / City / State	Years of Attendance	Degree / Level Attained

ARE YOU CURRENTLY EMPLOYED? Yes No

IF YES, NAME OF COMPANY / EMPLOYER _____

BEGINNING DATE OF EMPLOYMENT _____ TELEPHONE () _____

ADDRESS (include city & state) _____

NAME & TITLE OF SUPERVISOR _____

WORK PERFORMED (be specific) _____

REASON FOR LEAVING _____

Please list previous employment (backward from current employer).

NAME OF COMPANY / EMPLOYER _____

DATES OF EMPLOYMENT _____ TELEPHONE () _____

ADDRESS (include city & state) _____

NAME & TITLE OF SUPERVISOR _____

WORK PERFORMED (be specific) _____

REASON FOR LEAVING _____

NAME OF COMPANY / EMPLOYER _____

DATES OF EMPLOYMENT _____ TELEPHONE () _____

ADDRESS (include city & state) _____

NAME & TITLE OF SUPERVISOR _____

WORK PERFORMED (be specific) _____

REASON FOR LEAVING _____

PROVIDE TWO (2) PERSONAL REFERENCES OTHER THAN A RELATIVE OR FORMER EMPLOYER

1. NAME _____ TELEPHONE () _____
2. NAME _____ TELEPHONE () _____

Have you ever been convicted of a misdemeanor or a felony? This question includes moving and traffic violations if the maximum sanction provided by law for such violation includes a period of confinement? Yes No

If yes, please explain:

By my signature _____, I acknowledge that the information supplied during the application process is correct to the best of my knowledge and further recognize that misrepresentation of the facts given during the application process may be grounds for refusal to hire or termination of employment.

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CLASSIFIED JOB LISTING

(place a check by all categories that apply and circle individual positions that are applicable)

- System Administrative Offices** = Secretary, Bookkeeper, Computer Technician, Grant Writer, Shipping & Receiving, Nurse, Accountant, School Age Care Program staff, Adult Learning Center staff;
- School** = Secretary, Bookkeeper, Teacher Assistant, Records Clerk, Office Assistant;
- Volunteer Assistant Coach** = football, basketball, baseball, soccer, volleyball, softball, track, golf, tennis;
- SUBSTITUTE Worker** = teacher, food service, transportation, plant operations;

This page is to help determine your previous experience. Please answer each question in its entirety.

1. DO YOU POSSESS A VALID TENNESSEE DRIVER'S LICENSE? Yes No
Is reliable transportation to the job site available? Yes No -- please explain _____
2. WOULD YOU BE AVAILABLE TO COME TO WORK ON SHORT NOTICE, IF APPLICABLE?
 Yes No
3. HAVE YOU EVER WORKED WITH OR AROUND CHILDREN? Yes No
HAVE YOU WORKED WITH OR AROUND INDIVIDUALS WITH SPECIAL NEEDS? No Yes
If yes, please explain _____
4. DO YOU HAVE A SCHOOL SYSTEM LOCATION PREFERENCE? Yes No
If yes, ... 1st preference _____ 2nd preference _____
5. DO YOU HAVE A JOB PREFERENCE? Yes No
If yes, ... 1st preference _____ 2nd preference _____
6. WHAT HOURS ARE YOU AVAILABLE TO WORK? _____ WHAT DAYS? _____
ARE YOU WILLING TO WORK SPLIT SHIFTS? Yes No
ARE YOU WILLING TO WORK IN A TEMPORARY POSITION? Yes No
INTERESTED IN WORKING IN MORE THAN ONE SCHOOL SYSTEM POSITION? Yes No

7. ARE YOU BI-LINGUAL? Yes What languages do you speak? _____ No

8. PLEASE CHECK ANY AREAS IN WHICH YOU HAVE KNOWLEDGE, TRAINING, SKILLS, AND/OR PRIOR WORK EXPERIENCE:

- | | |
|--|---|
| <input type="checkbox"/> COMPUTER ___ Basic ___ Intermediate ___ Advanced | |
| <input type="checkbox"/> TYPING (_____ words per minute) | <input type="checkbox"/> RECEPTIONIST |
| <input type="checkbox"/> ACCOUNTS RECEIVABLE / PAYABLE | <input type="checkbox"/> OFFICE MACHINES |
| <input type="checkbox"/> RECORDKEEPING | <input type="checkbox"/> PAYROLL |
| <input type="checkbox"/> FIRST AIDE | <input type="checkbox"/> CPR |
| <input type="checkbox"/> FIRST RESPONDER | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> COUNSELING | <input type="checkbox"/> LAW ENFORCEMENT |
| <input type="checkbox"/> JUVENILE SERVICES | <input type="checkbox"/> GOVERNMENT |
| <input type="checkbox"/> LEGAL SERVICES | <input type="checkbox"/> HUMAN RESOURCES |
| <input type="checkbox"/> INSURANCE | <input type="checkbox"/> WRITING / JOURNALISM |
| <input type="checkbox"/> ATHLETICS please list: _____ | |

9. WHY ARE YOU INTERESTED IN WORKING FOR THE BEDFORD COUNTY DEPARTMENT OF EDUCATION? _____

Date

TYPED or PRINTED Name of Applicant

SIGNATURE of Applicant



1. I understand that, if employed, I may be assigned to a specific location or rotated to various school system locations (systemwide positions) as the need may arise.
2. I have not been convicted of a felony in any state of the United States or any foreign country.
3. I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence or insubordination.
4. If employed, my resignation from my current employment would be submitted in writing at least ten (10) days prior to the beginning date of my employment with the Department of Education.
5. I am a citizen of the United States or have obtained the proper work credentials.
6. I do not have any contagious or communicable disease which may endanger the health of school children or co-workers and I hereby agree to submit proof of a current physical examination.
7. I hereby authorize representatives of the Department of Education or affiliated services to gather data on me including professional and educational information as deemed necessary to act on my application for or continuation of employment. I understand that the information gathered may include, but is not limited to, character, general reputation, military records, employment records, school transcripts, and court records. I further understand that all personal / professional data gathered in my behalf shall remain confidential with my employer and that I do not have the right to access this information.
8. I have read and understand the job description for the position(s) for which I am applying.
9. I understand that personnel records for employees of the Department of Education are open for public review, with the exception of health records and personal / professional references, as well as that information protected as confidential data under Tennessee law.
10. I understand that, if employed, I will be required to submit to a criminal background check including a fingerprint profile and a drug test (where applicable). Costs will be deducted in equal installments from my first four paychecks.
11. If employed, I understand that the first sixty (60) days will be a probationary period during which time my performance will be observed and evaluated by my immediate supervisor who will determine whether I have successfully completed the probationary period or should be dismissed without benefit of a board hearing.

I acknowledge that I have read and understand the above points and recognize that misrepresentation of any facts given may be grounds for refusal to hire or termination of employment.

Date

Signature of Applicant

Typed or Printed Name of Applicant

COMPENSATION AGREEMENT

The Department of Education expects that employees will work in excess of contracted hours when requested by the immediate supervisor. Whenever possible, compensatory time off shall be used in preference to overtime pay. If it is determined by the immediate supervisor that compensatory time cannot be granted within the forty-hour pay period or without severe disruption of the operation of the department / facility, employees will be paid for the unscheduled hours of extra time worked. Overtime pay shall be at 1.5 times of the employee's regular hourly rate for all authorized time in excess of a normal forty-hour work week or equal to the regular hourly rate for time worked during vacation or holidays (when less than a forty-hour week is worked). When payment for overtime is authorized by the immediate supervisor it shall be included in the paycheck for the period immediately following the one for which it was earned.

Yes, I understand that if employed I may from time to time be asked by my immediate supervisor to work in excess of my standard contracted hours and hereby agree with the terms stated for compensation.

No, I do not agree to work in excess of my standard contracted hours if employed by the Bedford County Department of Education.

PRINTED Name of Applicant

SIGNATURE of Applicant

Date