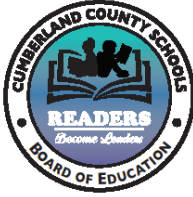


# CUMBERLAND COUNTY SCHOOLS CERTIFIED EMPLOYMENT APPLICATION



Cumberland County Schools considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*(Please Print)*

Position for which applying	Date of Application
How Did You Learn About Cumberland County Schools Employment?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Cumberland County Schools' website	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s) Home/cell:		Social Security Number
Email address:		

Best time to contact you is: \_\_\_\_\_:\_\_\_\_\_ am pm

Have you ever applied for employment with Cumberland County Schools before? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, give date(s) \_\_\_\_\_

Have you ever been employed with Cumberland County Schools before? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, give date(s) \_\_\_\_\_

Do you have a family member working for Cumberland County Schools? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, state name, relationship, and location \_\_\_\_\_

Are you currently employed? \_\_\_\_\_Yes \_\_\_\_\_No

May we contact your present employer? \_\_\_\_\_Yes \_\_\_\_\_No

Are you eligible to work in the U.S.? \_\_\_\_\_Yes \_\_\_\_\_No  
***Proof of citizenship or immigration status will be required upon employment***

Date available for work \_\_\_\_\\_\_\_\_\\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_Yes \_\_\_\_\_No

Can you travel if required? \_\_\_\_\_Yes \_\_\_\_\_No

**The following two questions are strictly voluntary:**

Do you qualify and/or are you claiming Veteran's Preference? \_\_\_\_\_Yes \_\_\_\_\_No  
(A copy of your DD-214 will be required to verify military experience)

Do you require an ADA accommodation in order to perform the essential functions of the job? \_\_\_\_\_Yes \_\_\_\_\_No

**Have you ever been dismissed from previous employment for improper or unprofessional conduct, neglect of duty, incompetence or insubordination as defined in TCA 49-5-511, or been non-renewed from a previous contract? \_\_\_Yes \_\_\_No**

**If yes, please explain:**

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**Other than minor traffic violations, have you ever been convicted of a misdemeanor or felony?**

\_\_\_\_\_Yes \_\_\_\_\_No

**If yes, please explain:**

Date	Offense	Disposition

**Additional information may be required to determine employment eligibility.**

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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**ADDITIONAL INFORMATION**

Other qualifications: Summarize special job-related skills, qualifications or licenses acquired from employment or other experience.

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**TEACHING EXPERIENCE — REGULAR, FULL TIME ONLY**

(List in order beginning with most recent)

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

**Position Desired**

Grades	K	1-3	4-6	7-8	9-12
1 <sup>st</sup> Choice					
2 <sup>nd</sup> Choice					
3 <sup>rd</sup> Choice					

**Are you prepared to:**

- (a) **Elementary**  
Teach the students in your room \_\_\_\_Art? \_\_\_\_Music? \_\_\_\_Physical Education?
- (b) **Secondary**  
Sponsor any activities? (Circle at least one). Annual, Newspaper, Forensic, Music, Drama, Cheerleader, Class Sponsor, Service Club, Coach Other\_\_\_\_\_

**EDUCATION**

School	Name and Address of School	Major	Graduation Date	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				

Teaching License Number \_\_\_\_\_ State \_\_\_\_\_

Endorsement Areas \_\_\_\_\_

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

School \_\_\_\_\_ Grade or Subject \_\_\_\_\_

Supervising Teacher \_\_\_\_\_ Contact Information \_\_\_\_\_

<b>Personal/Professional References</b> Do not include family members			
Name	Phone number and email address	Best time to contact	Occupation
1.			
2.			
3.			

**OTHER WORK EXPERIENCE**

Start with your present or latest job. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>Employer</b>	<b>Dates Employed</b> From      To	<b>Work Performed</b>
<b>Address</b>		
<b>Email and Telephone Number</b>	<b>Hourly Rate/Salary</b> Starting      Final	
<b>Supervisor</b>		
<b>Reason for Leaving</b>		May We Contact?    __Yes    __No

<b>Employer</b>	<b>Dates Employed</b> From      To	<b>Work Performed</b>
<b>Address</b>		
<b>Email and Telephone Number</b>	<b>Hourly Rate/Salary</b>	
<b>Supervisor</b>		
<b>Reason for Leaving</b>		May We Contact?    __Yes    __No

<b>Employer</b>	<b>Dates Employed</b> From      To	<b>Work Performed</b>
<b>Address</b>		
<b>Email and Telephone Number</b>	<b>Hourly Rate/Salary</b>	
<b>Supervisor</b>		
<b>Reason for Leaving</b>		May We Contact?    __Yes    __No

**Comments: Include explanation of any gaps in employment.**


## Applicant's Statement

1. I recognize that if I am employed, the Director of Schools may assign or reassign me to a specific position as the need requires.
2. 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: or, if within thirty (30) days, that the previous Board has waived its rights to such notice. A copy of my letter of resignation or of the said Board action is attached or will be provided.
3. I understand that falsification on this application or an unsatisfactory criminal background check, drug screen or physical may result in the offer of employment being rescinded and/or I may be ineligible for future employment with Cumberland County Schools.
4. I understand this offer of employment does not create a contractual obligation upon Cumberland County Schools for continued employment.
5. For employment purposes, incomplete applications will not be considered.
6. I authorize the release of the following specific information to Cumberland County Human Resources Employees pursuant to initial or continued employment and other related HR actions.
  - a. Education records
  - b. Reference check information related to employment
  - c. Health, driving records, drug screen results and criminal background checks (per TCA 49-5-413)
7. I understand that no information may be disclosed by either agency to any other individual or agency without the undersigned written consent. Further, this authorization will be automatically revoked upon termination of employment.

**I HAVE READ THE ABOVE AND ASSERT THAT THIS AUTHORIZATION FOR RELEASE OF INFORMATION IS GIVEN FREELY, VOLUNTARILY AND WITHOUT CONCERN.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of applicant

**Return to:**

**Cumberland County Schools  
368 Fourth Street  
Crossville, TN 38555**