

**COCKE COUNTY SCHOOLS**  
305 Hedrick Drive, Newport, TN 37821  
423-623-7821

www.cocke.k12.tn.us

**Applications will be destroyed after 3 years.**

**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Permanent Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Temporary Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Until \_\_\_\_/\_\_\_\_/\_\_\_\_

Subject area(s) or position(s) applying for \_\_\_\_\_

Date available for employment \_\_\_\_\_

**LICENSURE**

Tennessee law requires that all teachers, principals and other professional school personnel hold a valid Tennessee license. It is your responsibility to obtain and maintain your license in current status.

Please note that individuals qualifying for a Tennessee license based on reciprocity with another state are required to meet Tennessee NTE/PRAXIS II requirements.

Do you hold a valid Tennessee License? \_\_\_\_NO \_\_\_\_Pending \_\_\_\_YES- Date Issued \_\_\_\_\_

Are you licensed in another state? \_\_\_\_NO \_\_\_\_YES (What state? \_\_\_\_\_)

**Attach a copy of license(s).**

*Indicate area of licensure in appropriate space(s) below:*

**ELEMENTARY**

- Elementary K-3
- Elementary K-8
- Elementary 1-8
- Other \_\_\_\_\_

**MIDDLE GRADES (6-9)**

- Area(s) \_\_\_\_\_

**SECONDARY (9-12)**

- Area(s) \_\_\_\_\_

**EXCEPTIONAL CHILDREN**

Area(s) \_\_\_\_\_

**VOCATIONAL EDUCATION**

Area(s) \_\_\_\_\_

**ADMINISTRATION/SUPERVISION**

Area(s) \_\_\_\_\_

**SPECIAL SUBJECTS**

Area(s) \_\_\_\_\_

**OTHER**

**AN EQUAL OPPORTUNITY EMPLOYER**

## VIEWPOINT

Please express in your own handwriting, your views on a current issue in education.

### CONDITIONS OF EMPLOYMENT

1. EMPLOYMENT with the Cocke County School System is conditional pending approval by the Director of Schools. Failure to provide accurate and complete information on this application shall be grounds for disqualification for employment or immediate dismissal in the event you are employed.
2. Under Federal Law, a new employee must complete the Employee section of an Employment Eligibility Verification (Form I-9) before assuming his/her duties. Within three days of assuming his/her duties, the employee must produce documents establishing his/her authorization to work in the United States.
3. It is the policy of the Cocke County Board of Education to maintain a safe, drug-free workplace. If you have a commercial driver's license and might drive a school bus or other school-owned vehicle, you will be required to submit to drug and alcohol screening.
4. You must complete other employment forms as requested in any subsequent correspondence from the Cocke County School System.
5. Teachers must be eligible to hold a Tennessee teaching license in order to teach in Tennessee.
6. All experience must be established and a valid teaching certificate must be on file by December 1<sup>st</sup> of each year for salary purposes.

### ASSURANCE

The Cocke County School System does not discriminate against any person on the basis of race, sex, color, religion, national origin, citizenship status, age or handicap in any of its educational programs or activities.

### READ CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that misrepresentation or failure to fully disclose any information requested in this application shall disqualify me from consideration, or subject me to disciplinary action up to and including dismissal in the event I am employed at the time it is discovered. I understand that my application will remain on file for two years. I agree that if any information or answers to questions change either before or after employment, I will notify the Director of Schools in writing immediately. I authorize the Director and/or other school system personnel to conduct reference and background checks. I have read and understand the conditions of employment stated above.

**Signature** \_\_\_\_\_

**Date**

**EDUCATION**

Name & Location of Institution	Major	Year Degree Rec'd	Degree Rec'd	Years Attended

\* **Enclose or provide a certified copy of all transcripts**

**PRAXIS/NTE SCORES**

Tennessee requires passing scores on NTE/PRAXIS Examinations to qualify for a teaching license. Even individuals with a Tennessee license based on reciprocity with another state are required to meet Tennessee's NTE/PRAXIS II requirements. Please complete the section below and **enclose a copy of your report(s)** for those you have taken.

Principals of Learning and Teaching YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, enclose copy of score report.  
 NTE Specialty Area(s) or Praxis II Examination YES \_\_\_\_\_ NO \_\_\_\_\_  
 \_\_\_\_\_ Copy Enclosed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_ Copy Enclosed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_ Copy Enclosed? Yes \_\_\_\_\_ No \_\_\_\_\_

**STUDENT TEACHING**

If you completed student teaching within the last three years or are now student teaching, please supply the following information:

SCHOOL \_\_\_\_\_ Grade/Subject \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 SUPERVISING TEACHER \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 COLLEGE SUPERVISOR \_\_\_\_\_  
 College/University Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

**TEACHING/SUPERVISION/ADMINISTRATIVE EXPERIENCE**

List in chronological sequence regular teaching experience in public and private schools and in colleges and universities. Please indicate part-time or full-time experience.

Name of School	Phone Number	Grade/Subject Area(s) of Responsibility	FT PT	Dates (From-To)	No. Years	Supervisor's Name & Phone Number

Have you ever earned tenure in a Tennessee school system? \_\_\_\_\_ Date \_\_\_\_\_  
 Name of system \_\_\_\_\_ If yes, attach appropriate documentation.

**WORK EXPERIENCE OTHER THAN TEACHING**

(List Chronologically)

Employer	Complete Mailing Address	Type of Work	Dates of Employment	Supervisor's Name and Phone Number

List any sports or other activities (clubs, drama, yearbook, etc.) that you are qualified to coach or direct.

\_\_\_ List any language(s) you speak other than English.

\_\_\_ List other areas of knowledge, such as sign language and computer technology, in which you are proficient.

**REFERENCES**

List the names of four (4) persons who supervised your work professionally or know your qualifications for teaching. New teachers must list the teacher(s) with whom student teaching was done as well as the college/university supervisor(s) of student teaching. Experienced teacher must list current and past principal(s). Please obtain three (3) confidential references from among the supervisors or professors you list below and return them with your application. Use the forms enclosed with this application.

Name	Mailing Address	Telephone Number

May we contact your present employer? Yes \_\_\_\_\_ No

May we share your name/application with other school employers as they request referrals?

Yes \_\_\_\_\_ No

**CRIMINAL RECORDS CHECKS AND FINGERPRINTING**

Effective January 1, 2000, applicants will be required to complete a criminal records check. Applicants are responsible for the cost of the background check. Failure to consent to said check will prevent further consideration of the application for employment in Cocke County Schools.

All applicants who have begun their employment will be temporary employees pending the review of the criminal records check. Decisions whether to deny employment based on criminal records review will be made on a case by case basis by the Director of Schools.

Information obtained during the implementation of this policy shall be kept confidential to the extent required by law. Procedures for implementing this policy will be developed and administered by the Director of Schools.

**Applicant Consent Form  
Pre-Employment Criminal Records Review**

I, the undersigned applicant for employment, understand that as part of its pre-employment process, the Cocke County School System requires that I submit to a criminal record review.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Results TBI: \_\_\_\_\_

Results FBI: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX: If you answer "Yes" to any of the questions below, please provide a detailed explanation on a separate sheet of paper.**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been denied a teaching certificate or had a teaching certificate suspended or revoked?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been suspended or dismissed from a job?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been asked to resign from your job or have you ever resigned from a job in the face of possible adverse action?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been found guilty of any violation of law other than a minor traffic ticket? (If you have been convicted of driving while impaired, you must answer "yes" to this question.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have criminal charges or procedures pending against you?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under court obligation to perform or have you ever performed community service?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently on, or have you ever been sentenced to, supervised or unsupervised probation?  |

**TENNESSEE CODE  
SECTIONS 49-1317 or 49-1318**

I recognize that, if I am employed, the Director of Schools will assign or reassign me to a specific position as the need requires.

**PLEASE CIRCLE (HAVE) OR (HAVE NOT) ON THE FOLLOWING TWO STATEMENTS.**

I hereby certify that I (have) or (have not) been convicted of a misdemeanor or felony in any state of the United States. (If "have" is indicated, explain fully the details of each such convictions on a separate sheet of paper.)

I further certify that I (have) or (have not) been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination as the same are defined in Section 49-1401 of the Tennessee Code. (If "have" is indicated, explain fully the details of each such dismissal on a separate sheet of paper. The employer's non-renewal of a yearly contract need not be indicated unless the non-renewal was for cause as listed above.)

If my most recent employer were another Tennessee public school system and if my termination were voluntary, I hereby certify that my resignation was, or will be submitted at least 30 days prior to the beginning date stated heron; or, if within 30 days, that the previous board has waived its right to such notice. A copy of my letter of resignation or of the said board action is attached.

I understand that misrepresentation of any of these certifications may subject me to the penalties prescribed in Sections 49-1317 or 49-1318 of the Tennessee Code.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT