



NEWPORT, TENNESSEE
APPLICATION FOR EMPLOYMENT
TEACHER

APPLICANT INFORMATION

Last Name	First Name	M.I.	Date:
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available: ____/____/____	Social Security No.		

POSITIONS DESIRED (for which you are certified to teach)

	GRADES PRE-K-3	GRADES 4-6	GRADES 7-9 (SUBJECT)	GRADES 10-12 (SUBJECT)
1 ST CHOICE				
2 ND CHOICE				
3 RD CHOICE				

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this school system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	Dates: From: _____ To: _____	

EDUCATIONAL BACKGROUND (BEGINNING WITH HIGH SCHOOL) OFFICIAL TRANSCRIPTS ARE REQUIRED

Application will not be considered complete without applications being received at 305 Hedrick Drive, Newport, TN 37821, Attn: Melanie Eslinger

High School			Address		
Attended From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Earned:
College			Address		
Attended From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Earned:
College			Address		
Attended From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Earned:
College			Address		
Attended From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Earned:
Other			Address		
Attended From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Earned:

CERTIFICATION

NAME (AS LISTED ON TEACHING LICENSE)

License Number

Date Issued

Expiration Date

Subjects/Certificate Codes

Type of License: Pending College Submission to TDOE Practitioner Professional Job-Embedded Occupational

Other

PREVIOUS EMPLOYMENT

Company

Phone
()

Address

City

State

Supervisor

Job Title

Responsibilities

Employed From:

To:

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

Company

Phone
()

Address

City

State

Supervisor

Job Title

Responsibilities

Employed From:

To:

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

Company

Phone
()

Address

City

State

Supervisor

Job Title

Responsibilities

Employed From:

To:

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

REFERENCES

Full Name		Relationship:
Company		Phone: ()
Address		
Full Name		Relationship
Company		Phone: ()
Address		
Full Name		Relationship
Company		Phone: ()
Address		

TEACHING EXPERIENCE- Regular or full time only (List in order, most recent first)

SCHOOL	ADDRESS	PRINCIPAL	GRADE AND/OR SUBJECT	SCHOOL YEAR	TOTAL MONTHS

MILITARY SERVICE

Branch	Dates: From:	To:	Total Number of Years:
Type of Discharge:			
If other than Honorable, explain:			

STUDENT TEACHING (FOR APPLICANTS WITH LESS THAN TWO YEARS EXPERIENCE)

School: _____	Address: _____
Grade or Subject Taught: _____	Dates: ___/___/___ to ___/___/___
Supervising Teacher: _____	Contact Number: (____) _____ - _____
School: _____	Address: _____
Grade or Subject Taught: _____	Dates: ___/___/___ to ___/___/___
Supervising Teacher: _____	Contact Number: (____) _____ - _____

Teachers: ARE YOU PREPARED TO?

(A) Sponsor any extra-curricular activities? (If so, please write your choices in the box below)
Examples: STEM, Yearbook, School Newspaper, Forensic, Music, Cheerleaders, Senior Class, Drama Club, Service Club, Other Subject Matter Club

(B) Coach Athletics (Specify):

(C) Assist with any other activities (Specify):

(D) Obtain additional licensure and certifications in hard to fill areas? Examples: middle school Mathematics, Science, Social Studies, and ELA, high school Mathematics, English, Biology, Chemistry, Physics, Earth Science, Foreign Languages, ESL, Special Education

(E) Participate in School/District Level Leadership Teams as asked by your Principal or the Central Office? (Examples: Title I Parental Involvement, Leadership Team, Positive Schoolwide Behavior Team, or other stakeholder team)

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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IN YOUR HANDWRITING OR TYPED, MAKE A BRIEF STATEMENT DESCRIBING WHY YOU CHOSE TEACHING AS A PROFESSION

DISCLAIMER

I recognize that, if I am employed, the Cocke County Board of Education will assign or reassign me to a specific position as the need requires.

PLEASE READ THE STATEMENTS BELOW AND CHECK THE APPROPRIATE BOX:

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

I hereby 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.*

I hereby certify that I **am** **OR am not** related to a member of the school board, the director of schools, an administrator in the school system, a Cocke County commissioner, or any appointed or elected Cocke County official.

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 hereon; 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 or will be provided.

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.

(Signature)

(Hand Signature or Type Your Full Name

Please Return This Application to:

and the last four #'s of your Social Security as your signature)

**Cocke County Board of Education
305 Hedrick Drive
Newport, TN 37821 Attn: Melanie Eslinger**

Or email the application and supporting documentation to: Melanie Eslinger eslingerm@cocke.k12.tn.us

NOTE: The Cocke County Board of Education requires the following:

1. (a) **A completed application (this includes transcripts, background check, and this application)**
 - (b) **At least a Bachelor's Degree**
 - (c) **College transcript(s)**
 - (d) **A Tennessee Teacher's Certificate**
 - (f) **A current background check (please contact eslingerm@cocke.k12.tn.us for more information)**
2. **All documents filed herewith (except teacher's certificate) become the property of the Cocke County, Tennessee Board of Education.**
3. **No reimbursement for expenses for applicant will be granted.**
4. **Successful applicants shall present a Physician's Certificate showing satisfactory health record. District personnel shall respect the individual's right to privacy and treat any medical diagnosis as confidential information. This certificate can be obtained by contacting Melanie Eslinger at eslingerm@cocke.k12.tn.us.**
5. **Upon acceptance of a contract, the applicant agrees to attend a New Teacher Orientation.**

