



COCKE COUNTY, TENNESSEE
 APPLICATION FOR EMPLOYMENT
INSTRUCTIONAL ASSISTANT

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.:		
Would you accept work anywhere in the county? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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: ____/____/____ to ____/____/____
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

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

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

List of skills, knowledge, and other relevant qualifications: hand written or typed

REFERENCES

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

Employment History

Company		Supervisor:	From:	To:
Address		Phone: ()		
Title/Responsibilities				
Company		Supervisor:	From:	To:
Address		Phone: ()		
Title/Responsibilities				
Company		Supervisor:	From:	To:
Address		Phone: ()		
Title/Responsibilities				

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.

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 typed name and last four # of Social Security

Please Return This Application to:
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
(b) At least a High School Diploma or equivalent
(c) Transcripts (if any college courses have been attended)
(d) A passing score on the Para Pro test OR 48 credit hours OR an Associate Degree from a credited institution (Para Pro test will be administered by the district if needed and candidate must have passing score before employment may begin)
(f) A current background check (please contact eslingerm@cocke.k12.tn.us for more information)
2. All documents filed herewith 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.

DO NOT WRITE BELOW THIS LINE *Applications will be retained for a period of one year from the date of receipt*

Date Application Acknowledged: ____/____/____

Date Application Approved by Central Office: ____/____/____

Candidate has: 48 credit hours Associate Degree HS Diploma/equivalent passed the Para Pro Test

Approving Signature: _____

*References are to be checked by the building Principal.