



COCKE COUNTY, TENNESSEE  
APPLICATION FOR EMPLOYMENT  
**Substitute 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.:		
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?
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**

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

**List Which Schools You are Willing to Substitute With:**

Bridgeport  Centerview  Cosby Elementary  Coby High School  Cocke County High  Grassy Fork   
 Northwest  Parrottsville  Del Rio  Edgemont  Smoky Mountain  Alternative School   
 All Schools  Other places as needed

**Licensure (if applicable)**

I have an expired teaching license  TLN #: \_\_\_\_\_  
 I have a current teaching license  TLN #: \_\_\_\_\_  
 I have a bachelor's degree  Degree Area: \_\_\_\_\_

**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 date of birth

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](mailto: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)  
(f) A current background check (please contact [eslingerm@cocke.k12.tn.us](mailto: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](mailto: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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approving Signature:** \_\_\_\_\_