COCKE COUNTY DEPARTMENT OF EDUCATION 305 HEDRICK DRIVE NEWPORT, TENNESSEE 37821 423-623-7821

FOOD SERVICE APPLICATION APPLICATION WILL BE KEPT ON FILE FOR ONE (1) YEAR

NAME:					
ADDRESS:					
HOUSE NUMBER/STREET	CITY	STATE	ZIP		
TELEPHONE NUMBER	SOCIA	SOCIAL SECURITY NUMBER			
ARE YOU A HIGH SCHOOL GRADUATE	?				
NAME OF HIGH SCHOOL:					
********HIGH SCHOOL DIPLOMA O	R GED MUST BE ATTACHED	TO THIS APPLICATION *****	********		
CAN YOU LIFT 50 POUNDS OR MORE?					
ARE YOU CURRENTLY EMPLOYED?	IF YES, WHERE?				
	I to F11 to F11 to F1 to F1 to F1	TYPE OF WORK			
REFERENCES: NAME	RELATIONSHIP	PHONE NUMBER			

ALL INITIAL EMPLOYEES WILL BE REQUIRED TO HAVE A PHYSICAL EXAMINATION AT THE EMPLOYEE'S COST.

YOU MUST CIRCLE HAVE OR HAVE NOT ON THE FOLLOWING STATEMENT:

I HEREBY CERTIFY THAT I (HAVE) (HAVE NOT) BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN ANY STATE OF THE UNITED STATES. IF HAVE BEEN CONVICTED IS INDICATED, EXPLAIN FULLY THE DETAILS OF EACH SUCH CONVICTION ON THIS APPLICATION OR ANOTHER SHEET OF PAPER.

I CERTIFY ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL. IN SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED THEREIN. I AUTHORIZE ANY PERSON, ORGANIZATION AND ANY EDUCATIONAL INSTITUTION ATTENDED AS STATED OR OTHERWISE, TO FURNISH THE COCKE COUNTY SCHOOLS ANY INFORMATION THEY HAVE CONCERNING ME, WHETHER ON RECORD OR NOT, AND I HEREBY RELEASE ALL PERSONS, ORGANIZATIONS, AND INSTITUTIONS FROM CLAINS FOR DAMAGES OR OTHERWISE BY REASON OF FURNISHING SUCH INFORMATION.

EFFECTIVE JANUARY 1, 2000, THE ACCURACY OF INFORMATION ON THIS APPLICATION IS REQUIRED TO BE VERIFIED BY FINGERPRINT CRIMINAL HISTORY RECORDS CHECK CONDUCTED BY THE TENNESSEE BUREAU OF INVESTIGATION PURSUANT TO TENNESSEE CODE ANNOTATED SECTION 49-5-413 AS AMENDED. YOU ARE NOT REQUIRED TO DISCLOSE A PARKING OR MOVING TRAFFIC VIOLATION IF THE MAXIMUM SANCTION PROVIDED BY LAW FOR SUCH VIOLATION DOES NOT INCLUDE A PERIOD OF CONFINEMENT. YOU WILL BE REQUIRED TO PAY THE COSTS INCURRED IN CONDUCTING THIS BACKGROUND INVESTIGATION.

***KNOWINGLY FALSIFYING INFORMATION REQUIRED BY SECTION 49-5-406(a)(1) SHALL BE SUFFICIENT
GROUNDS FOR TERMINATION OF EMPLOYMENT AND SHALL CONSTITUTE A CLASS A MISDEMEANOR
WHICH MUST BE REPORTED TO THE DISTRICT ATTORNEY GENERAL FOR PRESECUTION.

SIGNATURE		DATE	

THE COCKE COUNTY BOARD OF EDUCATION IS AN EQUAL OPPRTUNITY EMPLOYER