

**SUPPORT PERSONNEL
APPLICATION FOR EMPLOYMENT
CUMBERLAND COUNTY BOARD OF EDUCATION**

The Board of Education considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How Did You Learn About Board Employment?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Other	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number
home:	work:	- -

Best time to contact you at home is: _____:_____ am pm

Have you ever filed an application with the Board before? _____Yes _____No
If yes, give date _____

Have you ever been employed with the Board before? _____Yes _____No
If yes, give date _____

Do you have a family member working for the Board? _____Yes _____No
If yes, state name, relationship, and location _____

Are you currently employed? _____Yes _____No

May we contact your present employer? _____Yes _____No

Are you prevented from becoming lawfully employed in this country because of
Visa or Immigration Status? _____Yes _____No
Proof of citizenship or immigration status will be required upon employment

Date available for work ____________

Are you available to work: Full time (Please indicate 1st or 2nd shift)
 Part time (Please indicate Mornings or Evenings)
 Temporary (Please indicate dates available ____________ - ____________)

Are you currently on "lay-off" status and subject to recall? _____Yes _____No

❖ All employees are responsible for paying the processing fee of \$60.00 to be fingerprinted thru the TBI and FBI when they are hired. ❖

THE BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER

Describe any specialized training, apprenticeship, skills and extra –curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.
 You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION
 Other Qualifications Summarize special job-related skills, qualifications or licenses acquired from employment or other experience.

Specialized Skills (Check skills/equipment operated)

<input type="checkbox"/> Commercial Drivers License	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Typewriter WPM_____	<input type="checkbox"/> Shorthand WPM_____	_____

State any additional information you feel may be helpful in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		May We Contact __Yes __No

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		May We Contact __Yes __No

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		May We Contact __Yes __No

Comments: Include explanation of any gaps in employment.

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant _____

Requesting Agency:

Cumberland County Board of Education
756 Stanley Street
Crossville, TN 38555-4790

Releasing Agency:

I, the undersigned do hereby authorize the release of the following specific information to authorized Personnel Department employees pursuant to initial or continued employment and other related personnel actions. (Check all required items)

YES NO

___ ___ Education records, certification and endorsements.

___ ___ Reports of teaching experience.

___ ___ Social History data for purpose of citizenship determination, employment eligibility certification, health and dental coverage.

___ ___ Reference check information related to employment screening.

___ ___ Health, driving records, drug screening results (as required for employment) and criminal background checks (conducted per TCA 49-5-413).

___ ___ Specify _____

I understand that no information may be redisclosed by either agency to any other individual or agency without the undersigned written consent. Further, this authorization will be automatically revoked upon termination of employment.

I HAVE READ THE ABOVE AND ASSERT THAT THIS AUTHORIZATION FOR RELEASE OF INFORMATION IS GIVEN FREELY, VOLUNTARILY AND WITHOUT CONCERN.

Applicant

Date

Social Security Number

Dept. of Personnel Staff Member

Applicant's Statement

1. I recognize that if I am employed, the Board of Education may assign or reassign me to a specific position, as the need requires.
2. I have not been convicted of a felony in any state of the United States.
3. I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, and neglect of duty, incompetence or insubordination.
4. My resignation from previous employment was, or will be submitted in writing at least ten (10) days prior to the beginning of employment; or, if within ten (10) days, the previous employer has waived its right to such notice.
5. I am a citizen of the United States, or have obtained the proper work credentials.
6. I understand that a post-offer medical examination is a requirement of employment. A decision not to hire based on this examination must be job related and consistent with business necessity and when no reasonable accommodation is available.
7. I understand that misrepresentation of any of the above statements or an unsatisfactory criminal background check (conducted per TCA 49-5-413) may subject me to loss of opportunity for employment and loss of position if employed. Also, that acceptance of an offer of employment does not create a contractual obligation upon the Board of Education to continue employment in the future.
8. This application for employment shall be considered active for a period of time not to exceed 1(one) year.
9. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, policies, and regulations of the Board.

Signature of Applicant

Date

Return to:

**Cumberland County Board of Education
756 Stanley Street
Crossville, TN 38555-4790**

PARAPROFESSIONAL EMPLOYMENT QUALIFICATIONS

Anyone applying for a paraprofessional (teaching assistant) position must have a high school diploma or equivalent (GED).

Under the new law "No Child Left Behind", paraprofessionals (teaching assistants) hired after January 8, 2002, must also have one of the following qualifications:

- a. Associate degree
- b. Two years of college
- c. Pass the ParaPro test (with a score of 456 in the state of Tennessee)

Please check one of the following:

- I have an associate degree.
- I have completed two years of college.
- I have taken the ParaPro test. My score was _____.
- I will take the ParaPro test prior to employment.

Signature

Date