

NON-CERTIFIED APPLICATION

TROUSDALE COUNTY BOARD OF EDUCATION
103 LOCK 6 ROAD
HARTSVILLE, TN. 37074
(615-) 374-2193

NAME: \_\_\_\_\_
FIRST MIDDLE OR MAIDEN NAME LAST

DATE: \_\_\_\_\_

I. POSITION FOR WHICH APPLICATION IS MADE:

- CLERICAL: \_\_\_\_\_
TEACHING ASSISTANT: \_\_\_\_\_
SUBSTITUTE TEACHER: \_\_\_\_\_
JANITOR: \_\_\_\_\_
COOK: \_\_\_\_\_
BUS DRIVER: \_\_\_\_\_
MAINTENANCE: \_\_\_\_\_
NURSE: \_\_\_\_\_
OTHER POSITION: \_\_\_\_\_

II. PERSONAL DATA:

PRESENT ADDRESS: \_\_\_\_\_
STREET CITY&STATE ZIP CODE

TELEPHONE NUMBER: \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_
STREET CITY & STATE ZIP CODE

SOCIAL SECURTIY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

LIST ANY IMMEDIAT-FAMILY EMPLOYED BY THE TROUSDALE COUNTY SCHOOL SYSTEM.

NAME RELATIONSHIP POSITION LOCATIO

NAME RELATIONSHIP POSITION LOCATION

YOU ARE RESPONSIBLE FOR UPDATING YOUR FILE EACH YEAR BY JANUARY1.

TROUSDALE COUNTY DOES NOT DISCRIMINATE BECAUSE OF AGE, RACE, COLOR, SEX, HANDICAP, OR DISABILITY.

**EDUCATION:**

High School, University, or College      Address      Dates Attended      Years Attended      Degree or Diploma      Date of Graduation

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**Other Educational Experience:**

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**Work Experience: (Most Recent First)**

Position      Employer-Address-Telephone      Duties      Date      Number of Years

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**References:**

Please have the (3) recommendation forms completed and returned to the Office\*\*\*\*

**Name      Address      Telephone**

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Chapter 178, The Public Acts of 1973, Tennessee Code Annotated, Section 49-1317 requires the following:

ENTER EITHER "HAVE" OR "HAVE NOT" IN EACH BLANK.

If "have" is indicated, explain fully the details of each conviction on a separate sheet of paper. I further certify that I \_\_\_\_\_ been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, insubordination as the same are defined in Section 49-1301 of the Tennessee Code.

Knowingly falsifying information required by TCA 49-5406 (9)(1) shall be sufficient grounds for termination of employment and shall also constitute a CLASS A misdemeanor which must be reported to the District Attorney General for prosecution.

If "have" is indicated, explain fully the details of each such dismissal on a separate sheet of paper. The employer's non-renewal of yearly contract need not be indicated unless the non-renewal was for cause as listed above.

Please initial that you agree \_\_\_\_\_.

I agree to notify the employer within five (5) days of any criminal drug statute conviction. Failure to do so may result in dismissal.

I certify that all applicable questions on the application have been completed, that the information provided is accurate, and understand that withholding information or providing inaccurate information may be grounds for invalidating a contract.

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Signature

Date

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