



**Michelle Gilbert
Superintendent**

115 Murphree Avenue
Centerville, TN 37033

We appreciate your interest in the Hickman County Schools. In order to expedite the application process, please read and follow these instructions.

1. Your application is considered **complete** when we are in receipt of the following:
 - a. The **application form** completed in its entirety. (Complete addresses and phone numbers must be included where requested.)
 - b. **A copy of your NTE/Praxis scores** that is required for licensure in Tennessee.
 - c. **Official transcripts** of all academic work completed. (If you are presently completing a degree program, you should have your transcript sent during the last semester prior to graduation. A complete transcript with the degree posted should be submitted as soon as possible after graduation.)
 - d. **A copy of your Tennessee teaching license and Career Ladder certification**, if applicable. Out-of-state applicants should apply for a Tennessee license directly with the Tennessee State Department of Education, 6th Floor, 710 James Robertson Parkway, Nashville, TN 37243-0375. If you do not currently hold a license, please advise us regarding the status of the licensure that is in progress.

IT IS VERY IMPORTANT THAT YOUR APPLICANT FILE IS COMPLETE AS INDICATED ABOVE.

2. All applications are reviewed, considered, and kept on file for one year. Individuals who wish to keep their application active must notify the personnel department in writing by July 1st of the second year. It is the applicant's responsibility to keep their application current. No reminders are sent to applicants.
3. Tennessee State Law requires all applicants applying for any position in a Tennessee Public School undergo a background check by the Tennessee Bureau of Investigation. All new personnel will be fingerprinted upon employment.

Return completed application to:

**Office of Teaching and Learning
Hickman County Board of Education
115 Murphree Avenue
Centerville, TN 37033**



Hickman County Schools
115 Murphree Avenue • Centerville, TN 37033

APPLICATION FOR PROFESSIONAL EMPLOYMENT

The Hickman County School System does not discriminate in its educational programs, activities, or employment practices on the basis of race, sex, national origin, religion, creed, age, marital status, or disability as required by Title VI of the Civil Rights Acts of 1964, Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. All necessary accommodations are made for equitable participation by constituents without regard to race, gender, disability, economic status, or special needs as required by Section 427 of the General Education Provision Act & P. L. 107-110-NO CHILD LEFT BEHIND.

Applicant's Full Name (LAST) (FIRST) (M.I.) (MAIDEN NAME)

Other Name Social Security Number

(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address (STREET) (CITY) (STATE) (ZIP)

Permanent Mailing Address (STREET) (CITY) (STATE) (ZIP)

Telephone Numbers Present: () Permanent: () Work ()

Email address

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED:

- Administrators, Classroom Teachers, Supervisors, School Counselors, Library/Media, Vocational/Trade Shop, Special Education, Fine Arts, Speech Pathologist, School Psychologist. List grade level(s) and /or subject area(s) in order of preference: 1. 3. 2. 4.

If you are not a U.S. citizen, do you have the necessary official authorization to work in the United States?

Not applicable Yes No

I. CERTIFICATION

A. If you have been issued a Tennessee license, please submit a photocopy. Copy enclosed: Yes No

If NO, have you applied for a Tennessee teaching license? (If you do not presently have one)

Yes No When

Are you Highly Qualified under NCLB guidelines? Yes No (If Yes, attach a copy of your documentation.)

Type of Tennessee License Endorsement(s)

B. Have you taken the Praxis exam? Yes No

Area of Test Score Area of Test Score

II. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

Are OFFICIAL transcripts attached? (required) Yes No Final Bachelors degree GPA _____

	Name	City and State	Major or Field of Study	Year of Graduation	Dates Attendance	of
High School						
College or University						

III. STUDENT TEACHING OR INTERN EXPERIENCE (List chronologically.)

Name of Supervising Teacher and Name of School	Street Address /City	County and State	Phone Number (Including area code)	Dates of Placement	Grade Level and/or Subject Area

IV. TEACHING EXPERIENCE

List chronologically ALL teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.

Name of School	School Division City/County	State	Grades/subjects taught	Principal	School Year (s)	Full or part Time?

V. WORK EXPERIENCE OTHER THAN TEACHING. List chronologically.

Employer and Immediate Supervisor	City/County/State/Zip	Phone #	Kind of Work	Dates of Employment	Full or part Time?

VI. MILITARY EXPERIENCE (List chronologically and attach a sheet if necessary.)

Branch of Service	Occupational Specialist (MOS)	Dates of Service	Total Years	Type of Discharge

VII. GENERAL INFORMATION

If more room is needed to answer these questions, you may continue your answers on a separate paper that should be stapled to the end of this application.

Are you currently under contract? Yes No

If yes, where? _____ Present position? _____

If presently employed, why do you wish to change?

Have you ever been refused tenure or a continuing contract? If yes, explain..... Yes No

Have you ever been requested to resign from a position? If yes, explain..... Yes No

Have you ever had a teaching certificate or license revoked or suspended? If yes, explain..... Yes No

Are any criminal charges or proceedings pending against you? If yes, explain..... Yes No

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? If yes, explain..... Yes No

Have you been convicted of a misdemeanor or a felony? This includes moving and traffic violations if the maximum sanction provided by law for such violation includes a period of confinement. If yes, explain. Yes No

Have you been dismissed for any reason including incompetence, inefficiency, neglect of duty, unprofessional conduct or insubordination? If yes, explain..... Yes No

Have you (or will you) provide a copy of a written resignation to the most recent local board where you were (or are) employed at least 30 days prior to the beginning date of employment with the Hickman County School District? Yes No

VIII. EXTRACURRICULAR ACTIVITIES

Indicate the number of years experience in the activities listed below. Circle activities you are willing to coach/sponsor:

Extra Curricular Activities	High School	College	Work Experiences	High school	College

IX. REFERENCES

A Reference Form will be sent to all five persons listed as a reference. At least two of the listed references should have immediate knowledge of the applicant's teaching and/or work experiences. **Relatives should not be listed as references.**

Relationship/Position	Name of Reference	Mailing Address, City, State, Zip	Phone number and Email address

X. OTHER INFORMATION

List the names of any immediate relatives who are employed by the Hickman County Board of Education. _____

Give name, address, and phone number of the person to notify in case of emergency. _____

Please list: (1.) Any professional or civic organizations to which you belong; (2.) Any travel, honors, or offices held (college or since).

Hickman County Schools
Application for Employment
Professional Personnel

I recognize that, if employed, the Director of Schools may assign or reassign me to a specific position as the need requires.

I have not been convicted of a misdemeanor or a felony in any state of the United States. (TCA 49-5-406)

I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination. (TCA 49-5-406, 49-2-203, 49-5-511)

I do not have any contagious or communicable disease which may endanger the health of school children. (TCA 49-5-404)

I shall support the constitution of Tennessee and the United States. (TCA 49-5-405)

I do not advocate the overthrow of the American form of government, nor am I a member of a political party which advocates the overthrow of the American form of government. (TCA 49-5-202)

I recognize that, if I am employed, the Board of Education may assign me to a specific position as the need requires (TCA 49-5-510)

I understand that misrepresentation of any of the above statements may subject me to a fine, loss of an opportunity for employment, and lost of position if employed. (TSA 49-5-406)

If my most recent employer was another Tennessee Public school system, and if my termination was voluntary, I certify that my resignation was, or will be submitted in writing at least thirty (30) days prior to the beginning date of my employment; or, if within thirty (30) days, that the previous board has waived its rights to such notice. A copy of my letter of resignation or of the said board action is attached or will be submitted as required. (TCA 49-5-406)

The accuracy of the information submitted on this application may be verified by fingerprint and criminal history records check conducted by the Tennessee Bureau of Investigation pursuant to Tennessee Code Annotated 49-5-413. 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 if you are offered and accept a position with the school system.

Knowingly falsifying information required by TCA 49-5-406 (a) (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 pursuant to Section 4-5-413.

Signed _____ Date _____



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**CONSENT FOR CRIMINAL RECORDS CHECK BY LAW ENFORCEMENT AGENCIES
 AND OTHER INQUIRES RELATED TO MY EMPLOYMENT APPLICATION**

The Hickman County Public School System requires a local and state criminal background check on all new teachers. An acceptable fingerprint record is a part of the criminal background check. The cost of the investigation is paid by the teacher upon employment. The full amount paid will be refunded if the background check clears the person for continued employment.

This section to be completed by the applicant.

I, _____, Social Security Number _____

Please Print

have applied for a position with the Hickman County Board of Education, and I consent to a criminal background check by law enforcement agencies under the conditions stated above. I authorize the release of any information requested by the Hickman County Board of Education, through its agents and employees, to be used in processing my application for employment with the Hickman County Board of Education. This includes, but is not limited to, previous recommendations, medical records or information, court files, and records information from educational institutions. I also authorize the release of such information to the Hickman County Board of Education now and at any time during my employment, and hereby release, discharge, and waive any and all claims which may arise against you for the release of accurate information.

Current Address _____

(Street)

(City, State, Zip)

Drivers' License # _____ Birth Date _____

Race _____ Sex _____

Applicant's Signature _____ Date _____

TBI Check Date _____ By _____

_____ The Tennessee / National check shows no history of a criminal applicant for this applicant.

_____ The Tennessee / National check shows a history of a criminal record for this applicant. A report is attached.