

**NOTICE TO APPLICANTS
FOR CERTIFICATED POSITIONS**

Note: All applicants must follow directions and complete all parts of application to be considered.

Applications for certificated positions will not be considered complete until the following criteria are met.

(OFFICE USE ONLY)

- _____ 1. All sections of the application must be completed in black ink or typed.
- _____ 2. A copy of your valid Tennessee teaching certificate must be attached.
- _____ 3. NTE must be completed (general and specialist parts.) Please attach a copy of the scores. If not available please attach an explanation.
- _____ 4. Three references of former educational supervisors are attached in a sealed envelope with a signature across the seal.
- _____ 5. Official transcripts of all college coursework must be attached to the application.
- _____ 6. The application must be signed and dated.

Applicants must have passed all parts of the NTE prior to employment.

*Please return all materials attached to this application. Do not remove this page— personnel will check completion of criteria before considering this application.

Lists any activities, clubs, or sports, which you would be able to coach, direct, or sponsor:

Have you ever been convicted of a misdemeanor or felony? _____

If yes, give details:

NOTE: A conviction record will not necessarily bar an applicant from employment. Age, date of offence(s), number of convictions, seriousness and nature of offence(s) will be taken into consideration.

Have you ever been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty incompetence, or insubordination as the same redefined in Section 49-1401 of the Tennessee Code.

If yes, give details: _____

All persons hired for positions are required to meet all assigned duties, commitments and responsibilities of the position.

Submit 3 references from previous educational supervisors on forms attached. If you do not have previous teaching experience, references could include supervising teachers, principal, teacher coordinators, etc. Print name, position applying for, sign and date waiver. Return on sealed envelopes, signed across the seal, and attached to the application. Applications **WILL NOT** be accepted without these.

All new employees will be required to submit to a Criminal History Record Information Check to be completed by the TBI and FBI. Employment will be contingent on receiving a satisfactory report. Although employees may begin working before the report is received (4-8 weeks are required to receive a report). Each new employee will sign a form of acknowledgement to this effect. Certified employees will bear the cost for background checks which will be deducted from their first month's pay. (Reference: TCA 49-5-413 as amended by Public Chapter 480.)

I hereby certify that information given on this application is correct. I understand that deliberate misrepresentation may result in my application not being considered or my position being terminated if I am employed.

Date of Application

Signature

Typed of Printed Name

DISCLAIMER

The Greene County School System does not discriminate in employment or admission on the basis of race, color, sex, age, national origin, religion, or handicap. The Greene County School System complies with the provisions of Title VI and Title VII of the Civil Rights Act of 1964 as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973.

ALL DOCUMENTS FILED WITH APPLICATION (except Teacher's Certificate) become property of the Greene County Board of Education. Applications will be kept on file for one year unless the applicant requests reactivation **in writing**.

**GREENE COUNTY SCHOOLS
REFERENCE CHECK FOR CERTIFIED APPLICANT**

Applicant: _____ Applying For: _____

The FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 opens official records for the applicant's inspection. The LAW also permits the applicant to sign a WAIVER relinquishing rights to inspect letters of recommendation. The applicant's signature below constitutes a WAIVER signifying that the recommendation will remain confidential.

APPLICANT'S SIGNATURE: _____ DATE: _____

For how long and in what capacity have you known the applicant? _____

Please rate the following and make comments as appropriate.

	Poor	Below Average	Average	Above Average	Outstanding
Rapport with Staff	_____	_____	_____	_____	_____
Rapport with Students	_____	_____	_____	_____	_____
Teaching Strategies	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Work Quality	_____	_____	_____	_____	_____
Classroom Management	_____	_____	_____	_____	_____

Additional Comments: _____

Would you re-employ this person? _____ If no, why not? _____

OVERALL RATING

___ Poor (0) ___ Below Average (1) ___ Average (2) ___ Above Average (3) ___ Outstanding (4)

Signature of person giving reference: _____

Typed or printed name: _____

Position: _____ Phone: _____ Date: _____

Business and Address: _____

PLEASE INSERT THIS IN AN ENVELOPE, SEAL, AND SIGN ACROSS THE SEAL. RETURN TO APPLICANT.