

# Elizabethton City Schools

## Certified Application Instructions

**PLEASE READ CAREFULLY**

### **PRIOR TO CONSIDERATION FOR EMPLOYMENT**

A Notice of Position Interest must be completed with a completed application if a person is to be considered for a position with the Elizabethton City School System. Fill out the application, along with supporting documents (references, Praxis test scores, transcripts, etc.) and send it to the address below. Only **Highly Qualified** applicants having a complete application will be considered for posted positions (*which require a Highly Qualified instructor*). If an application is currently on file, a Notice of Position Interest may be downloaded and sent to the address below for consideration.

An application completed in its entirety remains in the active file for two (2) years. At the end of the 2-year period, applications and supporting documents (references, etc.) are discarded. If you wish your application to remain active, it must be updated or renewed in writing or by personal contact to the personnel office of the school system.

### **IF SELECTED FOR EMPLOYMENT**

Please note that a recent physical examination (within the past year), tuberculin test results, and fingerprints must be submitted with the application **PRIOR** to employment. Physical examination forms are available upon request. Tuberculin tests are given at the local Health Department weekly on Monday through Wednesday; however, you must call for an appointment.

You must be fingerprinted (at your cost - \$48.00) for Tennessee Bureau of Investigation and the Federal Bureau of Investigation background checks, if you are offered and accept employment as a classified staff member of the Elizabethton City School System. A credit card may be utilized for payment. A money order or cashier's check in the amount of \$48.00 (made payable to L-1 Identity Solutions) may also be used as a payment option.

You must complete a W-4 form and an I-9 form prior to employment, as well as submit copies of your driver's license and social security card. Employment with the Elizabethton City School System shall be conditional upon successful processing of fingerprints and the receipt of criminal history and background check. If hired, an appointment will be made with the human resources department to assist you in the completion of these forms and verify receipt of the required paperwork.

**Thank you for your interest in Elizabethton City Schools.**

Questions regarding the application process may be directed to:

Elizabethton City School System  
804 South Watauga Avenue  
Elizabethton, Tennessee 37643-4207  
(423) 547-8001

**It is the policy of the Elizabethton City School system not to discriminate on the basis of sex, race, national origin, creed, religion, age, marital status, or disability in its educational programs, activities, or employment policies as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973.**



**ELIZABETHTON CITY SCHOOLS**  
**Notice of Position Interest**

For Office Use Only

I am interested in the following position(s) \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street No.

City

State and Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you have an Application on file with Elizabethton City Schools? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check the type:

Teaching \_\_\_\_\_ Classified \_\_\_\_\_ Substitute \_\_\_\_\_

Are you currently employed with the Elizabethton City Schools? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, your current position \_\_\_\_\_ School/Location \_\_\_\_\_

Are you Highly Qualified under NCLB? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete all of the following that apply to your Highly Qualified Status:

Codes for Praxis/NTE exams successfully completed: \_\_\_\_\_

Academic Major (&/Or) Coursework Equivalent \_\_\_\_\_

Graduate Degree (list) \_\_\_\_\_

National Board Certification (list area) \_\_\_\_\_

HOUSSE Evaluation (list type) \_\_\_\_\_

*I certify that all information provided in this notice is complete and correct to the best of my knowledge. I agree that if any information or answers given herein change, either before or after employment, I will notify the Office of the Director of Schools in writing immediately. I further understand that employment with the Elizabethton City School System shall be conditional upon successful processing of fingerprints and the receipt of clear criminal history and background check.*

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_



# ELIZABETHTON CITY SCHOOLS

## Certificated Application



For Office Use Only

Please complete this application in its entirety. Failure to complete all requested items constitutes an incomplete application.

Misrepresentation of any portion of the application will result in disqualification. Please type or print in ink.

Name \_\_\_\_\_  
Last First Middle Maiden

Current Address \_\_\_\_\_  
Street & No. City State and Zip

Permanent Address \_\_\_\_\_  
Street & No. City State and Zip

Permanent Phone \_\_\_\_\_ Current Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Have you ever been employed by Elizabethton City Schools? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position \_\_\_\_\_

### LICENSURE

Tennessee law requires all teaching personnel to hold a Tennessee license. Individuals are responsible for obtaining and maintaining a current license. Out of state candidates may secure an application for a Tennessee license by writing: Teacher Licensing, State Department of Education, 5th Floor, Gateway Plaza, 710 James Robertson Parkway, Nashville, TN 37243-0375. Applicants are responsible for forwarding PRAXIS scores and license information to the State and to the Elizabethton City School System.

Do You Hold a Tennessee Teaching License? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is your license Current \_\_\_\_\_ Expired \_\_\_\_\_ Pending \_\_\_\_\_

List Certification/Endorsement Area(s) \_\_\_\_\_

Tennessee Teacher License No. \_\_\_\_\_ Expiration date \_\_\_\_\_

Career Ladder Certificate Level \_\_\_\_\_ Expiration date \_\_\_\_\_

Do You Hold a Current Teaching License in other States? (If yes, please list) \_\_\_\_\_

**INCLUDE A COPY OF ANY LICENSES AND CERTIFICATES WITH THIS APPLICATION**

**PRAXIS EXAMINATION DATA** (Tennessee Requires 1 Professional Knowledge and 2 Area Exams)

Professional Knowledge: \_\_\_\_\_ -- / / -- \_\_\_\_\_  
Test code # Date taken Score

(1) Area Exam: \_\_\_\_\_ -- / / -- \_\_\_\_\_ (2) Area Exam: \_\_\_\_\_ -- / / -- \_\_\_\_\_  
Test code # Date taken Score Test code # Date taken Score

Print Applicant's Name: \_\_\_\_\_  
Updated: \_\_\_\_\_  
For Office Use Only  
Last First Middle

**UNDERGRADUATE CUMULATIVE GPA:** \_\_\_\_\_

**GRADUATE CUMULATIVE GPA:** \_\_\_\_\_

Are you presently under contract? \_\_\_\_\_ If yes, with which system/institution? \_\_\_\_\_

When can you begin work? \_\_\_\_\_

List any professional organizations of which you are a member: \_\_\_\_\_

List any academic scholarships or professional honors you have received: \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES.** Underline any of the following that apply to your training or interests. Circle your preferences.

Art	Athletics/Sports	Band	Cheerleading	Choral Music
Computers	School Publications	Electives	Intramurals	Committees
Mentor Teacher	Student Service Clubs	Drama	Annual	Senior Class

Other/Comments: \_\_\_\_\_

**1. EDUCATION AND PROFESSIONAL TRAINING:** Photocopies of college and university transcripts must be included with this application.

<i>List most recent first</i>	Name & Location of Educational Institution	Dates Attended Mo/Yr to Mo/Yr	Degree or Area of Study	Date Degree Awarded	Final GPA
College/University					
High School					

**2. WORK EXPERIENCE IN EDUCATION:** List in chronological order (with most recent first) your entire work history in educational settings. Include student teaching experiences, if applicable.

Name of School & School System	Mailing Address Area Code/Phone	Grade(s) & Subject(s) Taught - Responsibilities	Dates Employed Mo/Yr to Mo/Yr	Total Months Employed



List any additional information you believe will help in evaluating your application. \_\_\_\_\_

**IN YOUR HANDWRITING, MAKE A BRIEF STATEMENT ON WHY YOU HAVE CHOSEN TEACHING AS A PROFESSION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**READ CAREFULLY BEFOR SIGNING BELOW:**

Have you ever been convicted of a misdemeanor or felony in any state of the United States (not including minor traffic violations)? Yes \_\_\_ No \_\_\_ If yes, attach a signed sheet with a detailed explanation.

Have you ever been dismissed or asked to resign from a job position? Yes \_\_\_ No \_\_\_ If yes, attach a signed sheet with a detailed explanation.

I certify that all information provided in this application is complete and correct to the best of my knowledge. I agree that if any information or answers given herein change, either before or after employment, I will notify the Office of the Director of Schools in writing immediately. I authorize the Director of Schools/designee to conduct background and reference checks including history searches and finger-printing verifications pursuant to TCA § 49-5-513(A). I further understand that employment with the Elizabethton City School System shall be conditional upon successful processing of fingerprints and the receipt of clear criminal history and background check.

I recognize that, if I am employed, the Director and/or my immediate principal may assign or reassign me to a specific position as the need requires.

I am aware of no conditions that will prevent me from satisfying completely the job functions for which I have applied.

I understand I may be required to undergo medical examinations or tests deemed necessary by the Elizabethton Board of Education.

If my most recent employer was another Tennessee public school system and if my termination was voluntary, I hereby certify that my resignation was or will be submitted at least 30 days prior to the beginning date of my employment; or, if within 30 days, that the previous Board has waived its right to such notice. A copy of my letter of resignation or of the said Board action is attached or will be provided.

I understand that misrepresentation of any of these conditions shall be sufficient grounds for termination of employment, disqualification of the application, and shall also constitute a Class A Misdemeanor, which must be reported to the District Attorney General. I understand that misrepresentation of any of these certifications may subject me to the penalties prescribed in Section 49-5-406 of the Tennessee Code.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**It is the policy of the Elizabethton City School system not to discriminate on the basis of sex, race, national origin, creed, religion, age, marital status, or disability in its educational programs, activities, or employment policies as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973.**

**This application will be placed on file for a period of two (2) years. It must be updated annually if it is to remain in our active file. A Notice of Position Interest must be completed for a specific posting if the applicant is to receive consideration for an interview. \*Please note that completion of a Notice of Position Interest does not guarantee an interview\***

**Return Applications to:**  
Elizabethton City Schools  
Office of the Director of Schools