

Elizabethton City Schools

Non-Certified Coaching 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, etc.) and send it to the address below. Only completed applications will be considered for posted positions. 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 - \$42.00) 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 \$42.00 (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) _____

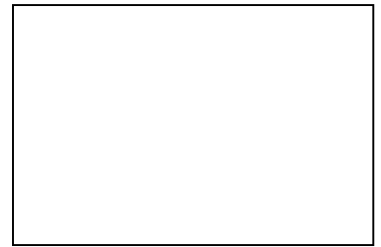
I certify that all information provided in this notice is complete and correct to the best of my knowledge. I agree that if any information or answers given herein change, either before or after employment, I will notify the Office of the Director of Schools in writing immediately. I further understand 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

NON-CERTIFICATED COACHING 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.**

Print Applicant's Name: _____
Updated: _____

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 _____

Coaching Position Applied For _____

School _____

Person to reach in an emergency: _____
Name Telephone Number

Qualifications. List experience(s) which would qualify you for this position:

Playing Experience	Coaching Experience	Location

Educational Experiences. (List all training programs attended; i.e. workshops, conferences, and courses.)

Title	Place	Hours Credited

REFERENCES. List at least five (5) references. From the list of five (5), you must obtain three (3) confidential letters of reference. Letters should reflect a knowledge of the applicant’s abilities, strengths, and work ethic. Each completed letter is to be sealed in an envelope (with the signature of the reference written across the seal) and returned to the applicant. The applicant should turn in all letters of reference with the application.

Name	Official Position	Letter on File	Complete Address & Phone Number

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

TSSAA Coaching Clinic Completed _____ (Hours) CPR/First Aid Training Completed _____ (Date)

TN Driver License Number: _____ If applicable, CDL Number: _____

ATTACH PHYSICAL EXAMINATION FORM AND TUBERCULIN TEST RESULTS.

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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.

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.

office of Professional Standards be completed for this specific position if the applicant is hired to the position for a full-time position. I agree that if any information that is furnished to the Office of Professional Standards is false or misleading, 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 a criminal history and background check.

Return Applications to:

Elizabethton City Schools

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

804 South Watauga Ave.

Elizabethton, TN 37643-4207

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.

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:** _____