



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: _____