

**PROFESSIONAL PERSONNEL  
APPLICATION FOR EMPLOYMENT**

**Oneida Special School District Board of Education**

I am applying for employment as \_\_\_\_\_,  
to begin on \_\_\_\_\_.

1. I recognize that, if I am employed, the board of education may assign or reassign me to a specific position, as the need requires.
2. I have not been convicted of a misdemeanor or a felony in any state of the United States.
3. I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination.
4. 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 started; or, if within thirty (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.
5. I am a citizen of the United States.
6. 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.
7. I do not have any contagious or communicable disease which may endanger the health of school children.
8. I shall support the constitution of Tennessee and the United States.
9. I understand that misrepresentation of any of the above statements may subject me to a fine, loss of an opportunity for employment, and loss of position if employed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(\_\_\_\_)\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Address

\_\_\_\_\_

Attach Picture Here  
*Optional*

Tennessee Teacher License Number \_\_\_\_\_ Date \_\_\_\_\_

( ) Male  
( ) Female

\_\_\_\_\_ Last Name First Name MI

Date of Birth \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ Street Permanent Address \_\_\_\_\_ Street

\_\_\_\_\_ City, State, Zip \_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Phone \_\_\_\_\_ Phone

Position Desired					
Grades	K-1	2-3	4-6	7-9 (Subject)	10-12 (Subject)
1 <sup>st</sup> Choice					
2 <sup>nd</sup> Choice					
3 <sup>rd</sup> Choice					

Educational Background (in order beginning with high school)					
School	Location	Degree/HS Diploma	Date	Major	Minor

Qtr. or Sem. Hours in: Art \_\_\_\_\_ Health \_\_\_\_\_ Music \_\_\_\_\_  
Physical Education \_\_\_\_\_ Special Education \_\_\_\_\_ Reading \_\_\_\_\_  
Library Science \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_

*The school system does not discriminate on the basis of age, sex, race, color, creed, religion, national origin, or handicap in the operation of its educational programs and activities including employment practices.*

**Teaching Experience – Regular, full time only  
(List in order beginning with most recent)**

School	Address	Principal	Grade/Subject	School Year(s)	Total Months	Last Annual Salary

**Other Work Experience (List in order beginning with most recent)**

Type of Work	Name and Address of Firm or Employer	Date	Last Annual Salary
		From To	
		From To	
		From To	

Branch	Date	Total Years
Military Service	From To	

**References**

Name	Address	Position

Practice Teaching (For applicants with less than two years experience)  
 School \_\_\_\_\_ Grade or Subject \_\_\_\_\_ Date \_\_\_\_\_  
 Supervising Teacher \_\_\_\_\_ Address \_\_\_\_\_

**Courses Taken in College or University**  
**(Attach Transcript)**

Activities (High School, College, and since)

Travel, Honors, Offices (College and since)

Organizations:

(a) Professional

(b) Civic

Are you prepared to:

*Elementary*

(a) Teach the students in your room – Art? \_\_\_\_\_ Music? \_\_\_\_\_ Phys.  
Ed? \_\_\_\_\_

*Secondary*

(b) Sponsor any activities? (Circle at least one) Annual, Newspaper, Forensic,  
Music, Drama, Cheerleaders, Senior Class, Service Club, Coach  
Specify \_\_\_\_\_ Club, Other \_\_\_\_\_

Health: Any health-related problems? No \_\_\_\_\_ Yes \_\_\_\_\_  
Specify \_\_\_\_\_

Illness in last 3 years? No \_\_\_\_\_ Yes \_\_\_\_\_  
Specify \_\_\_\_\_

Name and address of doctor \_\_\_\_\_  
\_\_\_\_\_

In your handwriting, make a brief statement on why you have chosen teaching as a profession.