



CLASSIFIED OR SUBSTITUTE APPLICATION FOR EMPLOYMENT

SUMNER COUNTY SCHOOLS

Human Resources Department

695 E. Main Street
Gallatin, Tennessee 37066-2472

www.sumnerschools.org

Phone: (615)451-5200

Fax: (615)451-5216

Equal Opportunity Employer

PRINT IN BLACK INK

ANSWER ALL QUESTIONS

DATE: _____

NAME:

(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET, APT #) (CITY, STATE, ZIP)

SOCIAL SECURITY: _____

PHONE: _____
(HOME) (CELL) (WORK)

EMAIL ADDRESS: _____

POSITIONS APPLYING FOR: 1) _____ 2) _____
3) _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

LOCATION PREFERRED (School or Other): _____

LIST ANY POSITIONS HELD PREVIOUSLY WITH THE SUMNER COUNTY BOARD OF EDUCATION:

DATES	POSITION	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ANY RELATIVES EMPLOYED BY THE SUMNER COUNTY BOARD OF EDUCATION:

NAME	RELATIONSHIP	LOCATION
_____	_____	_____
_____	_____	_____

The Sumner County Board of Education does not discriminate because of gender, color, race, age, national origin, pregnancy, ancestry, marital status, veteran status, disability, handicap, religion, creed, citizenship status.

The Sumner County School System is a Tennessee Drug-Free Workplace

REV. 01/05

Check Yes or No for each of the following questions. If you check Yes to any question, give details on the last page of this application.

- 1) Have you ever been convicted of a misdemeanor in any state of the United States? ()Yes ()No
- 2) Have you ever been convicted of a felony in any state of the United States? ()Yes ()No
- 3) Are there any charges currently pending against you? ()Yes ()No
- 4) Have you ever been dismissed from any previous employment for cause? ()Yes ()No

EDUCATION:

Did you graduate from high school? ()Yes ()No GED? ()Yes ()No DATE: _____

HIGH SCHOOLS COLLEGE ATTENDED (List most recent school first)	ADDRESS	DATES ATTENDED	DEGREE/ DIPLOMA	GRADUATION DATE

PERSONAL REFERENCES: (Do not list relatives)

NAME	PHONE NUMBER	STREET, CITY, STATE, ZIP

EMPLOYMENT EXPERIENCE: (Most recent position listed first)

Employer:	Job Title: Supervisor:	Date Employed (Month & Year) From: To:
Address:	Phone: ()	Ending Salary Hrly: Monthly:
Reason for Leaving:		

Employer:	Job Title: Supervisor:	Date Employed (Month & Year) From: To:
Address:	Phone: ()	Ending Salary Hrly: Monthly:
Reason for Leaving:		

Employer:	Job Title: Supervisor:	Date Employed (Month & Year) From: To:
Address:	Phone: ()	Ending Salary Hrly: Monthly:
Reason for Leaving:		

Employer:	Job Title: Supervisor:	Date Employed (Month & Year) From: To:
Address:	Phone: ()	Ending Salary Hrly: Monthly:
Reason for Leaving:		

Employer:	Job Title: Supervisor:	Date Employed (Month & Year) From: To:
Address:	Phone: ()	Ending Salary Hrly: Monthly:
Reason for Leaving:		

FOR SUPERVISOR/MANAGER'S USE ONLY: Employment Experience has been verified by:		
NAME: _____	TITLE: _____	
DATE VERIFIED: _____		

Additional Information (if needed):

NO APPLICANT WILL BECOME OFFICIALLY EMPLOYED UNTIL APPROVED BY THE DIRECTOR OF SCHOOLS.

Applications will remain on file for two years. An extension of this time may be granted at the request of the applicant by contacting the Human Resources Department at 451-6539.

ADDITIONAL INFORMATION:

I recognize that, if I am employed, the Sumner County School System will assign or reassign me to a specific position/location as need occurs.

I agree to notify the employer within five (5) days of any criminal drug statute arrest or conviction. Failure to do so may result in my dismissal. (Please initial that you agree.) _____

EXPERIENCE DISCLAIMER:

I understand that all experience listed on my application is complete and accurate to the best of my knowledge. I further understand that I will not be given an opportunity to update my previous experience declarations after I have been employed in the Sumner County School System. I will have the option of providing a complete and/or updated resume until my first date of employment. No revisions or additions will be permitted after my first day of employment. Accurate, complete information, along with references and verification sources of previous employment is essential. My signature below indicates that I understand these stipulations.

The accuracy of information submitted on this application may be verified by fingerprint and criminal history records check conducted by the Tennessee Bureau of Investigation pursuant to Tennessee Code Annotated Section 49-5-413. I understand that I am not required to disclose a parking or moving traffic violation if the maximum sanction provided by law for such violation does not include a period of confinement. Knowingly falsifying information required by Section 49-5-406 (a)(1) shall be sufficient grounds for termination of employment and shall also constitute a class A misdemeanor which must be reported to the District Attorney General for prosecution.

Applicant's Signature: _____ Date: _____