

**OFFICIAL TEACHER APPLICATION**

**PERSONNEL  
USE ONLY:**

**INTERVIEW:**

**Decatur County Schools**  
59 West Main  
P.O. Box 369  
Decaturville, TN 38329

*Photograph  
(Optional)*

Year(s)

K-3  
Elem.  
Adm./Supv.  
Agric.  
Art  
Business Ed.  
Dist. Ed.  
Driver's Ed.  
English  
Guid. (K-9)  
Guid. (7-12)  
Health  
H.Ec. (Voc.)  
H.Ec. (Occup.)  
I.Arts  
Language  
Library  
Math  
Music  
P.E.(K-9)  
P.E.(7-12)  
Reading (K-9)  
Reading (7-12)  
Science  
Social Studies  
Special Education  
Speech  
Speech Therapy  
T & I  
Ath. Coaching  
A.B.E.  
Substitute  
Other

**NAME** \_\_\_\_\_

(Return to Certificated Personnel Department.)

This application is made to teach in the 20\_\_\_\_ - 20\_\_\_\_ school year.

**PERMANENT  
ADDRESS**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_ (- )

Are you able to perform the essential functions and physical demands of the job for which you are applying?  Yes  No

Check grade levels and/or subject areas for which you are applying. *Indicate only areas for which you are, or will be certified.*

	Secondary 7-12		Elem.	Sec.	Athletic Coaching
	(List subjects)		Library	_____	(List sports)
Kg _____	_____		Sp. Ed. _____	_____	_____
1-3 _____	_____		Other _____	_____	_____
4-6 _____	_____				

**1. PROFESSIONAL PREPARATION**

**A. Educational Preparation (Complete all applicable items.)**

	Name of Institution	Location of Institution	Dates attended	Major/Minor	Degree Awarded		
					Kind	Mo.	Year
High School							
College/Univ. BA							
College or University MA							
Hours beyond MA							

**B. Practice Teaching**

Name of School	School System	Dates	No. Hours Per Day	Grade Level(s)	Subjects

**PRAXIS SCORES (Required)** \_\_\_\_\_

**DATE TAKEN:** \_\_\_\_\_

**SPECIALTY AREA(S)** 1. \_\_\_\_\_ 2. \_\_\_\_\_

(Name of Area Taken) (Date Taken) (Name of Area Taken) (Date Taken)

**II. PROFESSIONAL EXPERIENCE (A-B-C)**

List only the kinds of experience recognized by the State Department of Education for salary purposes. Attach additional page if necessary.

A. Full time public school experience (K-12) operated by a local educational agency in the United States and its possessions, or U. S. Government operated schools, or foreign exchange experience in grades K-12. List only contractual work.

No. of Years	No. of Months* (if not a full year)	Dates	Name of School System	State	School	Grade (s)	Subjects

\*List all broken years separately

B. Private School - College - Other Teaching Experience

No. of Years	Dates	Name of School System	State	School	Grade (s)	Subjects

C. Active military service prior to May 31, 1975.

No. of Years	Dates	Branch of Service
_____	_____	_____

D. List other work experiences which are not described in the above categories.

No. of Years	Dates	Company/Service	Location	Type of Work	Phone Number
1.					
2.					

III. CERTIFICATION

A. Tennessee Certification:

1. Professional Certificate No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Areas of Certification \_\_\_\_\_

(List all areas by numbers  
and by names)

2. Tennessee Career Ladder:

Type of certificate issued \_\_\_\_\_

Certificate No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Areas of Certification \_\_\_\_\_

(List all areas by numbers  
and by names)

B. Other States \_\_\_\_\_ Type/No. \_\_\_\_\_ Area(s) of Certification \_\_\_\_\_

\_\_\_\_\_ Type/No. \_\_\_\_\_ Area(s) of Certification \_\_\_\_\_

IV. SKILLS, ACTIVITIES, CLUBS

List any activities in which you have participated or clubs you have sponsored during previous employment. (Academic and/or athletic)

V. LIST THE CLUBS AND/OR ACTIVITIES YOU ARE WILLING TO SPONSOR, (GRADES 7-12).

VI. LIST THE SPECIAL SKILLS AND/OR ABILITIES THAT YOU CAN CONTRIBUTE TO AN ELEMENTARY SCHOOL PROGRAM.

VII. IN YOUR OWN HANDWRITING, BRIEFLY DESCRIBE YOUR PHILOSOPHY OF EDUCATION.

## Tennessee Public School System

THE Decatur County SCHOOL SYSTEM IS AN EQUAL OPPORTUNITY EMPLOYER IN COMPLIANCE WITH TITLE IX AND SECTION 504 OF THE REHABILITATION ACT OF 1973.

STATE REGULATIONS REQUIRE THAT THIS SECTION BE COMPLETED BEFORE APPLICATION IS ACTIVE.

I hereby apply for employment as \_\_\_\_\_  
(Teacher, Principal, Supervisor, Other)

in the named school system beginning \_\_\_\_\_  
(Date of School Term)

I recognize that, if I am employed, the board of education of the said school system will assign or reassign me to a specific position as the need requires

I hereby certify that I \_\_\_\_\_ been convicted of a misdemeanor or a felony in any state of the United States.  
(have) (have not)

**If "HAVE" is indicated, explain fully the details of each such conviction on a separate sheet of paper.**

I further certify that I \_\_\_\_\_ been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination as the same are defined in Section 49-5-501 of the Tennessee Code Annotated. **If "HAVE" is indicated, explain the details of each such dismissal on a separate sheet of paper.** The employer's non-renewal of yearly contract need not be indicated unless the non-renewal was for cause as listed above.

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

I understand that misrepresentation of any of these certifications may subject me to the applicable penalties in Section 49 of the Tennessee Code Annotated.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Tennessee Teacher Certificate Number

\_\_\_\_\_  
(Address)

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

**IX. REFERENCES (Complete name, address and ZIP Code information must be furnished.)**

Name	Address	ZIP	Occupation	Phone No.
Professional	_____	_____	_____	_____
Professional	_____	_____	_____	_____
Professional	_____	_____	_____	_____

**X. Validation**

To the best of my knowledge, all information on this form is complete and accurate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**XI. APPLICANT'S RELEASE OF REFERENCE FORM**

**This form must be signed and dated before application is active.**

**TO WHOM IT MAY CONCERN:**

**I, the undersigned, request and authorize you to forward to the Decatur County Board of Education a reference concerning my personal character and professional ability. I have filed an application for a teaching and/or substitute position. I understand that this will be a closed file for use only by authorized Department of Public Instruction employees.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

All applications are placed in the active file for the duration of the school year in which the application is filed. It is your responsibility to notify the Personnel Department, by letter or by phone, if you want your application updated. Notification should be given in the spring for the next school year. **Because of the volume of applications received, further contact with applicants following the personal interview will not be made unless the applicant is being considered for a specific position.**