



# West Carroll Special School District

wcssd.org

Physical Address: 1415 Hwy. 77  
Atwood, TN 38220

Phone: (731) 662-4200

Mailing Address: PO Box 279  
Trezevant, TN 38258

Fax: (731) 662-4250

Application Date: \_\_\_\_\_

## Employment Application – Certified Positions

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address: \_\_\_\_\_ Temporary Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Include Area Code Include Area Code

Do you have a Tennessee Teaching License?  Yes  No

If yes, complete items 1-4 below.

1 License Number \_\_\_\_\_ 3 License Type: \_\_\_\_\_

2 Endorsement(s): \_\_\_\_\_ 4 Expiration Date: \_\_\_\_\_

If you do not have a Tennessee Teaching License, what is your plan for attaining a license? When will you apply?

\_\_\_\_\_  
\_\_\_\_\_

## Education

	Institution Name Location	Attendance Dates		Diploma, Degree or Certificate Earned	Major, Minor, or Focus of Study
		From	Through		
High School	_____	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____	_____
Graduate	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Attach copies of college transcripts when submitting the application form.

## Student Teaching Experience

School Address	Subject Grade	Beginning Date Ending Date	Principal Supervising Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have no student teaching experience.

## Professional Teaching Experience

School Address	Subject Grade	Beginning Date Ending Date	Principal's Name Direct Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Work Experience**

Firm Name Address	Position	Employment Dates		Immediate Supervisor Phone Number
		From	Through	

**References**

Name Relationship	Address Street/PO Box Address City, State ZIP	Daytime Phone Evening/Cellular Phone

Please list any hobbies or special interests

Please list memberships in any civic or professional organizations.

Please list any coaching or extracurricular positions you are interested in.

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|--|--------------------------|-----|--------------------------|----|
| <b>1</b> Have you ever been disciplined, suspended, or dismissed for cause?      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>2</b> Have you ever been convicted of a felony?                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>3</b> Are criminal charges currently pending against you in any jurisdiction? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>4</b> Are you currently under contract with another school system?            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**5** What date would you be eligible for employments with West Carroll SSD?

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If you answer yes to any question # 1-4, please attach a detailed explanation to this application form.

West Carroll Special School District does not discriminate on the basis of race, color, national origin, sex, religion, disability, or age. Applicants are welcome to attach a resume, cover letter, and/or references letters to this application form. Applications are kept on file for one year. An applicant must make a request in writing in the application is to be reactivated for a second year, if such a request is not received, the application will be destroyed.

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### Authorizations and Assurances

I understand that if I am employed by WCSSD, the Director of Schools may assign or reassign me to any position or school necessary to meet the needs of the school system. If I am employed for specific coaching or other supplemented duties and later refuse to perform those duties, unless released from those duties in writing by the Director of Schools, I agree that I may be terminated without recourse.

I certify that the information given by me on this document is true and complete. I understand that intentionally supplying false information on this application will result in rejection of my request for employment, and false information shall render me ineligible for future consideration for employment, and that if employed the discovery of a falsehood on my application shall be sufficient grounds for termination of employment and shall also constitute a Class A misdemeanor.

I understand and I agree that all information furnished on this application may be verified by WCSSD. I hereby authorize the District to conduct a background investigation, including a review of education records and contacts with former employers, to determine my suitability for employment. I hereby authorize all individuals and organizations named or referred to on this application to give all information relative to my employment, work habit, and character. Information submitted on this application will be verified by a fingerprint and criminal history records check to be conducted by the Tennessee Bureau of Investigation pursuant to TCA Section 49-5-413.

No applicant is officially employed until his/her appointment is approved by the Director of Schools.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**After completing this form, save for your records.  
Email the completed form, along with accompanying files, to  
Angie.Hartz@wcssd.org**

**Make sure all accompanying files are within the same email  
as the completed form. File you may wish to include are  
your resume, cover letter, transcripts, references, and letters  
of reference.**

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## Application Data Collection

To the Applicant:

Today's Date: \_\_\_\_\_

Title VI of the Civil Rights Act of 1964 requires that West Carroll Special School District request to following information from each applicant. This is a request for information; no applicant is required to complete this questionnaire as a condition of employment. The survey will be removed from the application and maintained in a different file to be used only for the purpose of data collection.

Please check only one response for each item.

- 1 My gender is...  Male  Female
- 2 I have a disability.  Yes  No
- 3 I am a veteran.  Yes  No
- 4 I am 65 years old or older.  Yes  No
- 5 My marital status is...  Married  Single
- 6 My ethnicity is...  Hispanic  Not Hispanic
- 7 My race is...  American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White
- 8 My primary language is... \_\_\_\_\_
- 9 My country of birth... \_\_\_\_\_

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