

**West Carroll Special School District**  
**1415 Highway 77**  
**Atwood, TN 38220**  
**731-662-4200**

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

**Support Staff Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

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

**Position for which you are applying (Please check all that apply)**

Bookkeeping		Cafeteria	
Secretarial		Substitute Teacher	
Aide		Substitute Custodian	
Custodial		Substitute Cook	
Maintenance			

Are there any conditions which would prevent you from carrying out the duties of the job for which you are applying?  yes  no (If Yes, Please Explain)

\_\_\_\_\_

\_\_\_\_\_

**Previous Work Experience:**

Place of Employment	Type of Work	Supervisor

**Education:**

	School/Location	Attendance Dates	Diploma/Certificate	Area of Study
High School				
Post Secondary				
Other Special Skills				

Have you ever been dismissed from employment?  yes  no (If Yes, Please Explain)

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Have you ever been convicted of a felony?  yes  no (If Yes, Please Explain)

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**References:**

Name	Address	Occupation	Telephone

I understand if I am employed, the Director of Schools may assign or reassign me to any position or school necessary to meet the needs of the school system.

I certify that the information given by me in this application is true and complete. I agree that intentionally supplying false information on this application will result in rejection of my request for employment; that any false information shall render me ineligible for future consideration; 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 agree that all information furnished in this application may be verified by WCSSD. I hereby authorized 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 in this application to give all information relative to my employment, work habits, 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 will become officially employed until approved by the Director of Schools.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**West Carroll SSD does not discriminate on the basis of race, color, national origin, sex, religion, disability, or age.**

\* Applications are kept on file for one year. An applicant must make a request in writing if the application is to be reactivated for a second year. If such request is not received, the application will be destroyed.

**West Carroll SSD  
Application Data Collection**

To All Applicants:

Title VI of the Civil Rights Act of 1964 requires that we request the following information from all applicants. You are not required to complete this questionnaire for employment. This form will be removed from your application and placed in a different location to be used for data collection purposes only.

Directions: Circle only one response for each choice.

1. Gender                      Male                      Female
2. Disability                      Yes                      No
3. Veteran                      Yes                      No
4. Age(over 65)                      Yes                      No
5. Marital Status                      Married                      Single
6. Ethnicity:                      Asian                      Black                      Caucasian                      Hispanic  
    Native American                      Pacific Islander  
    Other \_\_\_\_\_
7. My primary language is \_\_\_\_\_
8. Place of Birth-Country \_\_\_\_\_