

APPLICATION FOR EMPLOYMENT IN RICHARD CITY SPECIAL SCHOOL DISTRICT

1620 Hamilton Avenue, South Pittsburg, TN 37380 / Business Office/HR: 423-837-7282 X 112 Fax: 423-837-0641

Name:		Phone No:				
Address:						
(Street)	(City)			(Zip Code)		
SSN:						
Position(s) Desired:						
Certifications: State	Туре		Codes			
Educational Background	d:					
Name of School	Highest Grade	Highest Grade Completed		Date Completed		
Work Experience:						
Employment Dates	Employer Name and Address		Position Reason for		eaving	
References:		I		_ L		
Name	Address	Pho	ne No.	Relationship		
L hereby affirm that the infor	rmation I have furnished is accu	 urate, current an	d correct.			
Signature:			Date:			

APPLICATION FOR EMPLOYMENT IN RICHARD CITY SPECIAL SCHOOL DISTRICT (RCSSD)

I hereby apply for employment as:				
(teacher, principal, coach, and/or other)				
at RCSSD beginning:				
(date of so	chool term)			
Please initial that you have read the following state	ements, circle as appropriate, and agree:			
I recognize that, if I am employed, the Boar position as the need requires.	d of Education of RCSSD will assign or reassign me to a specific			
I agree to apply for or supply a current Tenrendorsements (codes) for the position for which I are	nessee Teaching Certificate with the appropriate n applying.			
I hereby certify that I (have) (have not) been United States.	n convicted of a misdemeanor or a felony in any state of the			
If "have" is indicated, explain fully th	e details of each such conviction on a separate sheet of paper.			
	n dismissed from any previous employment for improper or of duty, incompetence, or insubordination as the same are			
	e details of each dismissal on a separate sheet of paper. The ot be indicated unless the non-renewal was for cause as listed			
voluntary, I hereby certify that my resignation was, o	ennessee public school system and if my termination was or will be submitted at least 30 days prior to the beginning date s board has waived its right to such notice. A copy of my letter ed or will be provided.			
I understand that misrepresentation of any prescribed in Sections 49-1317 or 49-1318 of the Tele	of these certifications may subject me to the policies nnessee Code.			
You have my permission to check the informaccept employment in any other system.	nation I have submitted. I agree to withdraw my application if I			
Date: Signature:				
Name:				
	(Printed or Typed)			
Interviewed by:	Date:			
Remarks:				