

**APPLICATION  
CARROLL COUNTY SCHOOLS**

14155 Paris Street  
P.O. Box 799  
Huntingdon, TN 38344  
Phone (731) 986-4482

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

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

**I. PERSONAL DATA:**

A. Address: \_\_\_\_\_  
  (Street Address)

  (City)  (State)  (Zip Code)

B. Telephone Number: \_\_\_\_\_  
  (Home)  (Business)

C. Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

D. Will you comply with pre-employment tuberculosis test? Yes  No

E. Will you comply with the local Drug Free Workplace Policy? Yes  No

**II. EDUCATION:**

Type	Name & Address	Date Graduated Or Highest Grade Level Attained	Field of Study
High School			
Post High School			

**III. WORK EXPERIENCE:** (Begin with last position held.)

	Dates Worked	Employer	Position	No. of Years Worked
1.				
2.				
3.				

**IV. QUALIFICATIONS** (List schools attended, classes taken, certification and/or Licenses held, etc)

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

V. REFERENCES: (Please list those persons who can testify to your work. Do not list Relatives.)

	Name	Address	Phone	Position
1.				
2.				
3.				

VI. OTHER:

- A. Can you perform the essential functions of the position for which you are applying with additional accommodations? Yes  No
- B. List any reasonable accommodations needed: \_\_\_\_\_  
\_\_\_\_\_
- C. Have you ever been convicted of a felony? Yes  No  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- D. Do you give permission to check your driving record? Yes  No
- E. Enter either "have" or "have not" in each blank below:
  - 1. I certify that I \_\_\_\_\_ been convicted of a misdemeanor other than a minor traffic violation in any state in the United States.
  - 2. I further certify that I \_\_\_\_\_ been dismissed from employment for improper conduct, insufficient service or neglect of duty.
  - 3. If the answer to either of the questions above is "have", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby certifies that the information given here on this application is true and correct and fully understands that falsification of the application will be cause for rejection of the application and/or discharge. Further, the undersigned agrees to release all investigative records to the board of education for examination for the purpose of verifying the accuracy of criminal violation information.

Signature: \_\_\_\_\_

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

*The Carroll County Board of Education does not discriminate on the basis of age, race, religion, sex, national origin, marital status or handicapping condition.*