

**Polk County Board of Education
131 Stephens Street
PO Box 665
Benton, Tennessee 37307
(423) 299-0471**

Date _____ 20____

Name of Applicant _____ Social Security Number _____

Position Applied For: _____

All Endorsement Areas and Codes _____

INFORMATION FOR PROSPECTIVE PROFESSIONAL EMPLOYEES

The mission of the Polk County Schools is to provide for each student, regardless of ability, economic level, or social status, an education which enables him to enjoy learning as a lifelong process and meet the challenges of the modern society; to develop and maintain good physical and mental health; to communicate effectively; to make sound moral judgments; to think critically and creatively, to understand his role as an effective citizen who contributes to positively to the community and the world in which he lives. We want professional employees who are:

- A. Proud to be a part of the education profession.
- B. Committed to public education.
- C. Willing to grow professionally by reading relevant literature, affiliating with appropriate professional organizations, attending conferences, workshops, and graduate school when desirable, and engaging in any activity that would enhance growth.
- D. Willing to abide by all rules and regulations of the Tennessee Board of Education and the policies of the Polk County Board of Education.

Personal Information

Name _____
(Last) (First) (Middle/Maiden)

Present Address _____
(Street) (City) (State) (Zip)

Until _____ Telephone _____
(Date Required for Temporary Address) (Area Code)

Permanent Address _____
(Street) (City) (State) (Zip)

Applicant Signature Statement

Read this statement and sign after completing the application.

(Applicant must underline the appropriate response in Paragraphs 2, 3, 4, and 6)

I recognize that, if I am employed, the Polk County Board of Education will assign me to a specific position as the need requires.

I hereby certify that I (have/have not) been convicted of a misdemeanor or felony in any state of the United States. (If "have" is indicated, explain fully the details of each such conviction on a separate sheet.)

I hereby certify that I (have/have not) 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. (If "have" is indicated explain fully the details of each such dismissal on a separate sheet.)

I (do/do not) object to having the local police authorities check into my background.

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

I (am/am not) a citizen of the United States. If not what is your status?

I (do/do not) have any contagious or communicable disease in such form as might endanger the health of children.

I shall support the constitution of Tennessee and the United States.

I understand that misrepresentation of any of the above statements may subject me to a fine, loss of opportunity for employment, and loss of position if employed.

I understand if I am not fully certified by State of Tennessee, I will not be considered for full employment as a teacher in the Polk County System.

I (agree/do not agree) to the release of all investigative records to the board for examination for the purpose of verifying the accuracy of criminal violation information as required by 49-5-406(a)(1)(A) and supply a fingerprint sample and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation at my personal expense (49-5-413).

Signature

Typed or Printed Name