

Dickson County Board of Education

817 N. Charlotte Street

Dickson, TN 37055

Phone: (615) 446-7571 Fax: (615) 441-1375

CLASSIFIED APPLICATION PACKET

Please read these instructions carefully. The following forms will need to be completed to be considered for employment with the Dickson County Board of Education. After you complete each item, please check the box beside it. With the exception of the medical statement, all other forms must be completed before we will accept your employment packet. **If you are hired after completing your application, you will be required to fill out payroll and insurance forms at the Board of Education office immediately.**

- 1. **Support Application** - Please complete the entire packet or it will be invalid. Check the box beside each position for which you would like to be considered. After your packet is complete, you will automatically be considered for the positions you checked.

- 2. **Reference Requests (3)** - The applicant should fill out and sign the top portion of this form and then send the form to the referring person. The referring person should then complete the form and mail it back to the Dickson County Board of Education. It is the applicant's responsibility to send these forms to their references. Please do not return them to us until the form is completed by the referring person. Sending these forms to reliable references who will return them quickly is very important. If you have previous reference letters or forms, we will accept a copy of them as long as they are not over three (1) year old.

- 3. **Additional items: Proof of Educational Background** - All new employees (with the exception of bus drivers and school nutrition employees) will be required to have a high school diploma or GED before they are employed. Nurses will need to supply the nursing license and school bus drivers a copy of one's Commercial Driver's License

Your name will not be added to our list of eligible applicants until all of these forms are complete and turned in. If you turn in your employment packet and it is not complete, you will have 30 days from the date you turn it in to complete the packet or it will be discarded. You will not be notified if your packet is not complete. It will be your responsibility to call our office and check on the status of your packet. For information regarding your employment packet, please call Sonya Fossie-Williams at (615) 446-7571 between the hours of 9:00 a.m. and 3:30 p.m.

After January 31st of each year, applications will be purged. If you want your application to remain on file, you must notify Sonya Fossie-Williams in writing. These written requests will be accepted only during the month of January.

CLASSIFIED APPLICATION

Check the position(s) for which you are applying or for which you would like to be considered:

- | | |
|--|--|
| EDUCATIONAL ASSISTANT <input type="checkbox"/> | NURSE <input type="checkbox"/> |
| CLERICAL/SECRETARIAL <input type="checkbox"/> | SUBSTITUTE NURSE <input type="checkbox"/> |
| MAINTENANCE <input type="checkbox"/> | SCHOOL NUTRITION <input type="checkbox"/> |
| BUS DRIVER <input type="checkbox"/> | CAFETERIA MONITOR <input type="checkbox"/> |
| CHILD CARE HELPER <input type="checkbox"/> | BUS MECHANIC <input type="checkbox"/> |
| BUS ASSISTANT <input type="checkbox"/> | |
| OTHER: _____ | |

Name _____ Date _____

Address _____

City _____ State, Zip _____

Phone # (work) _____ (home) _____ DOB _____ SSN# _____

EDUCATION

High School Diploma or GED

2 year degree in _____ from _____

4 year degree in _____ from _____

Please list any other educational background, special skills, or qualifications: _____

Include a copy of your high school diploma, college diploma, etc. You may include a resume.

PREVIOUS EMPLOYMENT (please list the most recent first)

#1	Previous Employment Information	
Name of Employer	Supervisor	Daytime Phone #
Address	City, State, Zip	Dates of Employment

#2	Previous Employment Information	
Name of Employer	Supervisor	Daytime Phone #
Address	City, State, Zip	Dates of Employment

#3	Previous Employment Information	
Name of Employer	Supervisor	Daytime Phone #
Address	City, State, Zip	Dates of Employment

It is the policy of the Dickson County Board of Education not to discriminate on the basis of sex, race, national origin, creed, age, marital status, or disability in its educational programs, activities, or employment policies as required by Title VI and VII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments, and Section 504 of the Federal Rehabilitation Act of 1973. Inquiries regarding compliance with Title IX may be directed to Pat Semore, Title IX Coordinator for Student Admissions and Programs and Title IX Coordinator for Employment, Dickson County Board of Education, Dickson, TN 37055, (615) 446-7571; or to the Director of the Office for Civil Rights, Department of Health, Education, and Welfare, Washington D.C.

YOU MUST CIRCLE A RESPONSE FOR ITEMS #2 AND #3 to be considered for employment:

1. I recognize that if employed, the Board of Education may assign me to a specific position as the need requires.
2. ***I (have / have not) been convicted of a felony in any state of the United States.***
3. ***I (have / have not) been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination.***
4. My resignation from previous employment was, or will be, submitted in writing at least ten (10) days prior to the beginning date of employment; or, if within ten (10) days, the previous employer has waived its right to such notice.
5. I am a citizen of the United States, or have complied with the Immigration Reform and Control Act of 1986.
6. I do not have any contagious or communicable disease which may endanger the health of school children. I understand that I must present, prior to employment, a physician's certificate showing a satisfactory health record.
7. I understand that misrepresentation of any of the above statements may subject me to a fine, loss of an opportunity for employment, and loss of position if employed.

Signature

Date

Typed or Printed Signature

FOR OFFICE USE ONLY

Comments _____

REFERENCE REQUEST

Notice to Applicant: To complete the application process, you will be required to turn in three (3) completed reference requests.

Notice to Referring Person: The following person has applied for a position as _____
(Fill in position for which you are applying)

with the Dickson County Board of Education. Please complete the appropriate evaluation categories that apply to your knowledge of their background and return this form to Sonya Fossie-Williams @ *Dickson County Board of Education, 817 North Charlotte Street, Dickson, TN 37055.*

TO BE COMPLETED BY APPLICANT:

 Name of applicant Date

 Address City, State, Zip Phone # (day)

 Name of person providing reference Relationship//Name of organization Years known

 Address City, State, Zip Phone # (day)

 Signature of applicant

TO BE COMPLETED BY REFERRING PERSON:

Rank applicant as follows:

N/A	Not applicable or no occasion to observe	3	Average
1	Well Below Average	4	Above Average
2	Below Average	5	Excellent

Category	Score	Category	Score	Category	Score
Leadership		Scholarship		Initiative and resourcefulness	
Judgment		Personal appearance		Command of the English Language	
Dependability		Poise and confidence		Classroom Management	
Cooperation		Habits of workmanship		Time management	

Would the applicant be effective in the position for which he/she has applied? yes _____ no _____

Would you employ/re-employ this applicant? yes _____ no _____

Comments (use back side if necessary): _____

 Signature of referring person

 Date

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Would the applicant be effective in the position for which he/she has applied? yes _____ no _____

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Comments (use back side if necessary): _____

 Signature of referring person

 Date

MEDICAL STATEMENT

Notice to Physician: You are not required to use this form. You may use another form as long as it contains all the information listed below.

Name of patient _____

Date of visit _____

STATEMENT OF HEALTH - *Only bus drivers are required to obtain a full physical*

Patient is apparently free from communicable disease: yes _____ no _____

Patient is in good physical condition: yes _____ no _____

Statement of physician or nurse practitioner:

Signature of Physician or Nurse Practitioner

Date

Notice to Applicant: This medical statement will not be considered complete unless it has the results of the statement of health.