

PLEASE READ THESE INSTRUCTIONS CAREFULLY AND COMPLY WITH THESE PROCEDURES.

1. Upon the receipt of your completed application, the application will be reviewed for:
 - A) Tennessee licensure - If you are in the process of applying for a TN license, notify this office upon receipt of your license.
 - B) Area/areas of certification
 - C) Placement in the active file

2. Please include the following with your application:
 - 1) Transcript copy
 - 2) Copy of Tennessee License (not original)
 - 3) Recent resume
 - 4) Copies of **all** Praxis results

3. Applicants will be interviewed for positions which become available in their area of certification. After this, applicants will be referred to appropriate principal(s) for further interviews. **This is done as positions become available. There is no initial interview process for all applicants.**

4. Applications will be reviewed each July to establish current status, and all those over one (1) year old will be purged. If you wish your application to remain in the active file, please notify this office by mail. Please make any changes in address or phone number by mail.

Note: Your application is not complete until at least three Professional Employment Reference forms have been received in our office. The reference forms are available at the back of this application. Please use these forms or your application will be considered incomplete.

Highly Qualified (HQ): **If yes, please attach documentation with your application.**

HQ K – 6 th	Yes:	No:
HQ 7 th – 8 th	Subjects:	
HQ 9 th – 12 th	Subjects:	

Student Teaching (For applicants with less than three years of experience)

Name of Schools	Addresses	Telephone Number	Grades and/or Subjects Taught	Dates	Cooperating Teachers

Educational Background (In order – beginning with High School)

	School	Location	Date Attended	Major	Minor	Degree Granted	Date Graduated
High School						Diploma	
(B.S.) College or University							
(M.S.) College or University							
Others							

Teaching Experience (Regular, full-time only. Provide full address, including zip code.)

List in order – beginning with most recent:

Name of School	Address	Telephone Number	Principal	Grades and/or Subjects Taught	Dates	Total Years

Answer the following questions in your own handwriting:

Why are you interested in teaching?

In your estimation what are some of the most important characteristics of effective teaching?

What is your definition of an “at risk” student? Also explain what you would do in your classroom to address their needs.

DECLARATION

Each person applying for a position with Cheatham County Schools must respond to each of the following statements:

Have you ever been convicted of a misdemeanor or felony in Tennessee or any other state? Yes No (If yes, attach to this application a statement concerning convictions, fully explaining the details of each such conviction on a separate sheet of paper.)

Have you ever been dismissed from a position for incompetence, inefficiency, negligence of duty, unprofessional conduct or insubordination? Yes No (If yes, attach to this application a statement concerning each dismissal, place of employment, reason for dismissal and date of dismissal.)

I am a citizen of the United States. Yes No

I do not advocate the overthrow of the American form of government nor am I a member of a political party which advocates the overthrow of the American form of government. I do I do not

I do not have any contagious or communicable disease which may endanger the health of school children. I do I do not

I shall support the Constitution of Tennessee and the Constitution of the United States. Yes No

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? Yes No

Have you ever had a letter of reprimand place in your file by any school system? Yes No (If yes, attach to this application a statement concerning these letters, fully explaining the details of each letter on a separate sheet of paper.)

Have you ever been discharged, requested to resign, resigned during the course of an investigation or during pending charges? Yes No (If yes, explain on a separate sheet of paper and attach to application.)

I, _____ hereby certify that all statements contained in this application are true and complete. I understand that misrepresentation of any of these statements may subject me to the penalties described in Section 49-5-406 of the Tennessee Code.

To avoid conflict of interest, list any local school board member of employer relative(s) in Cheatham County Schools and cite the relationship.

I agree to notify within five (5) days of any criminal drug statute arrest or conviction. Failure to do so may result in my dismissal. (Please initial that you agree.)

Date _____ Signature of Applicant _____

This application will be considered ACTIVE for twelve months. At the end of twelve months our files will be purged. You may re-activate this application for an additional year by calling (615) 792-5664, within the next twelve months.

The Cheatham County Board of Education does not discriminate because of gender, color, race, age, national origin, pregnancy, ancestor, marital status, veteran status, disability, handicap, religious creed or citizenship status. The Cheatham County School System is a Tennessee Drug-Free Workplace.

Cheatham County Schools Benefits Summary for Full-time Teachers

Contract Term

- ❖ 200 contract days, including 180 teaching days, 5 in-service days, 5 administrative days, and 10 vacation days

Sick Leave

- ❖ One day for each month employed - 10 days per school year (Board Policy 5.302)

Personal Leave

- ❖ Accrue 2 days per year. (If unused, 1 or 2 days may be converted to sick days)
- ❖ Accrue 3 days at five years, 4 days at ten years, 5 days at fifteen years of school district service (Board Policy 5.303)

Tennessee Consolidated Retirement System – (Includes part-time teachers)

- ❖ Mandatory membership in defined benefit plan
- ❖ Contribution is 5% of annual salary
- ❖ Vesting is 5 years

Health Insurance Coverage (optional)

- ❖ State of Tennessee Local Education Plan (3 choices: HMO, PPO, POS)
- ❖ Board of Education pays 100% of a single premium and 80% of a family premium

Dental Insurance (optional)

- ❖ State of Tennessee Local Education Plan (2 choices: Pre-paid Plan, Preferred Dental Organization Plan (premium paid by employee))
- ❖ Premium waived if medical coverage refused.

Term Life Insurance

- ❖ \$10,000 Board of Education pays the entire premium

Supplemental Life Insurance (optional)

- ❖ Term life insurance is available at group rates

Dependent Life Insurance (optional)

- ❖ Term life insurance is available at group rates

Long-Term Disability

- ❖ Pays 60% of salary after 90 consecutive days of total disability.
- ❖ Board of Education pays the entire premium.

Flex Spending (optional)

- ❖ Tax deferred payroll deduction for child care and medical expenses

Tax Sheltered Annuities (optional)

- ❖ Several vendors available
- ❖ Payroll deduction

Fee Discount for Dependents

- ❖ Dependents of licensed personnel can receive a 25% discount on tuition at any state operated institution of higher learning

Please check in the appropriate column the factors about which you have adequate knowledge. Rate the applicant in relation to all employees or individuals you have known and/or supervised.

QUALITIES	ABOVE AVERAGE	AVERAGE MIDDLE	BELOW AVERAGE	NOT OBSERVED
Exhibits acceptable professional dress and grooming				
Exhibits positive attitude				
Exhibits initiative				
Attendance – Dependable				
Uses appropriate verbal communication skills				
Uses appropriate written communication skills				
Demonstrates competency in subject matter				
Demonstrates effective teaching strategies				
Maintains appropriate classroom management and discipline				
Relates to students in an appropriate manner				
Completes assigned tasks promptly and accurately				
Cooperates with school officials and other staff				
Participates in school-based and district-wide staff development activities				
Overall effectiveness				

General remarks or additional comments regarding points of strength or areas for improvement:

I have personally completed this form and am returning it by mail without revealing its contents to the applicant.

Signature/Title (if applicable) Telephone Number Date

Please check in the appropriate column the factors about which you have adequate knowledge. Rate the applicant in relation to all employees or individuals you have known and/or supervised.

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