

DAYTON CITY SCHOOL

Employment Application Dayton City Board of Education

Substitute Teacher

| APPLICANT INFORMATION | | | | | | | | | |
|--------------------------------|----------------------|---------------|-----------|-----------------------------|--------------|--------------------------|---------|------------------|------|
| Last Name | | | First | First | | | | | Date |
| Permanent Address | | | | | | | | Apartment/Unit # | |
| City | | | State | | | | | ZIP | |
| Phone | | | | Condition of Health | | | | | |
| Date Available Social Sec | | | urity No. | | | Sex | | | |
| Position Applied for | | | | | | | | | |
| Email Address: | | | | | | | | | |
| EDUCATION | | | | | | | | | |
| High School | | | | | | | | | |
| From To Did you graduat | | raduate? ` | YES 🗌 | NO Degree or Hrs or Credits | | | S | | |
| College | · | | | | | | | | |
| From To | To Did you graduate? | | YES 🗌 | NO [| | Degree or Hrs or Credits | | | |
| Other | ' | | | | | | | | |
| From To Did you graduate? | | raduate? ` | YES 🗌 | NO [| | Degree or Hrs | S | | |
| Other Training | ' | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Date issued Date of expiration | | | | | | | | | |
| EXPERIENCE | | | | | | | | | |
| Elementary High School | | No. Yrs. Expe | | | | | erience | | |
| | | | | | | | | | |
| REFERENCES | | | | | | | | | |
| | | | | | 1 | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | | Pho | ne (|) | | |
| Address | | | | | | | | | |
| Full Name | | | | | Relationship | | | | |
| Company | | | | | Pho | ne (|) | | |
| Address | | | | | | | | | |

| CURRENT POSITION | | | |
|--|------|--|--|
| Com pany | | | |
| Reason for Leaving | | | |
| Please complete all blanks carefully and completely. | | | |
| Return to the Principal | | | |
| Signature | Date | | |

I hereby certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

APPLICATION BECOMES VOID ONE YEAR FROM DATE SUBMITTED

| Date of application | Signature of Applicant |
|---------------------|------------------------|

The Dayton City School System does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in the provision of services, in programs or activities or employment opportunities and benefits.

AN EQUAL OPPORTUNITY EMPLOYER

THIS INFORMATION IS REQUIRED BY TENNESSEE CODE ANNOTATED

Knowingly falsifying the information required by Section 49-5-406 shall be sufficient grounds for your termination of employment from Dayton City School. You falsifying the information shall also constitute a Class A misdemeanor which must be reported to the District Attorney for prosecution. Be further advised that pursuant to Section 49-5-413, the accuracy of the information requested below may be verified. Such verification may include but not be limited to fingerprint and criminal records from the Tennessee Board of Investigation.



CONSENT FOR CRIMINAL RECORDS CHECK BY LAW ENFORMENT AGENCIES

The Dayton City School System requires a local and state criminal background check on all new employees. An acceptable fingerprint record is part of the criminal background check.

| The cost of the entire investig | ation will be the responsibility of the applicant. |
|---|--|
| | I \square (HAVE) OR \square (HAVE NOT) BEEN CONVICTED OF A DNY IN ANY STATE OF THE UNITED STATES." |
| (IF "HAVE" IS INDICATED, EXPLAIN | FULLY THE DETAILS OF EACH SUCH CONVICTION ON A SEPARATE SHEET) |
| (This section is to be completed | by the applicant. Please print except where otherwise specified.) |
| enforcement agencies under the of the Dayton City School System no | , Social Security Number, have ron City School System, and consent to a criminal background check by law onditions stated above. I also authorize the release of such information to w and at any time during my employment, and hereby release, discharge, h may arise against you for the release of accurate information. |
| Current Address: | |
| Driver's License Number | Place of Birth |
| Sex | Eye Color |
| Race | Hair Color |
| Date of Birth | Height |
| Inform | nation required for online finger print registration paper |
| APPLICANT'S SIGNATURE | Date |

You are required to pay a fee for a fingerprint background check.

- 1. Fingerprints are done at the ArcPoint Lab, 9297 Rhea County Hwy, Dayton, TN (brick building across from new hospital)
- 2. After you fill out the application, Ms. Henschen will register your information and schedule you an appointment. You can pick up the registration paper the next day from the school office if you wish to take it with you, but you do not have to take it with you.
- 3. You must take your driver's license with the photo ID and money order or cashier's check (made payable to IDEMIA) with you to the ArcPoint Lab. Contact Dayton City School office for the exact fee (approximately \$40).
- 4. You will be notified as soon as we receive the results of your fingerprints.