



UNIVERSITY SCHOOL OF JACKSON
232 McClellan Road
Jackson, Tennessee 38305

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Please Print and Complete in Detail.

DATE OF APPLICATION

DATE AVAILABLE

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
US OTHER			
CITIZENSHIP	SOCIAL SECURITY NUMBER	SOCIAL SECURITY NAME (if different than above)	
PRESENT STREET ADDRESS	CITY / STATE	ZIP	(AC) PHONE NUMBER
PERMANENT ADDRESS	CITY / STATE	ZIP	(AC) PHONE NUMBER
EMAIL ADDRESS			
PLEASE GIVE NAME, ADDRESS, AND PHONE NUMBER OF A PERSON TO CONTACT IF YOU CANNOT BE REACHED.			
NAME	ADDRESS	CITY/STATE/ZIP	(AC) PHONE NUMBER

POSITION DESIRED

<p>TEACHING PREFERENCE: If an elementary teacher, specify the grade level/subject area. If secondary teacher, specify the content area level-middle or upper school.</p> <p>1) _____ 2) _____ 3) _____</p> <p>COACHING PREFERENCE: If coaching applicant, specify either junior or senior level and sport(s).</p> <p>1) _____ 2) _____ 3) _____</p> <p>IF POSITION DESIRED IS OTHER THAN TEACHING, PLEASE SPECIFY. _____</p>
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PERSONNEL OFFICE USE ONLY			
INTERVIEW DATE _____	LOCATION _____	INTERVIEWER _____	
INDICATE PERSON TO CONTACT IN CASE OF EMERGENCY.			
NAME	ADDRESS	CITY/STATE	(AC) PHONE NUMBER

UNIVERSITY SCHOOL OF JACKSON IS AN EQUAL-OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL ON THE BASIS OF GENDER, RACE, NATIONAL/ETHNIC ORIGIN, RELIGION, OR AGE.

EDUCATIONAL EMPLOYMENT

List only full-time educational employment. (Do not include student teaching, substitute teaching, night school, or industrial school experience.)

INCLUSIVE DATES FROM TO	PRINCIPAL/SUPERVISOR	SCHOOL DISTRICT	ASSIGNMENT	REASON FOR LEAVING
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-				
-				
-				
-				
-				
-				

Have you ever failed to be reappointed? _____ When? _____ Where? _____
 If yes, please provide details on a separate sheet.

PROFESSIONAL REFERENCES

Imminent graduates

Professional references must include the supervising teacher and professor as well as professors in you area of concentration. If registered with the placement office, your file contains the aforementioned. Please request that the file be sent. If not, please include names of these persons among your four references.

Experienced teachers/Other applicants

Professional references must include a minimum of four most recent educators/employers for whom you have worked. Will request references of those cited.

NAME/TITLE	ADDRESS	CITY/STATE/ZIP

ALL NON-EDUCATIONAL EMPLOYMENT

List only full-time positions held for six (6) months or longer from time of high school graduation. Use a separate sheet if additional space is required.

DATES FROM TO	IMMEDIATE SUPERVISOR	ADDRESS	POSITION	REASON FOR LEAVING
-				
-				

EDUCATIONAL BACKGROUND

List degree(s) earned and the conferring college/university.

DEGREE	COLLEGE/UNIVERSITY	CITY/STATE	DATES ATTENDED (INCLUSIVE)

List any other colleges or universities attended.

HOURS	COLLEGE/UNIVERSITY	CITY/STATE	DATES ATTENDED

PROFESSIONAL ADDENDUM

List scholastic honors, scholarships, awards, or assistantships.

List workshops or institutes attended within the last five (5) years.

OTHER DATA

If the answer is yes to any of the questions below, please provide details on a separate sheet.

Are you able to perform the tasks you are applying for with or without an accommodation? _____

If you indicate you could perform your tasks with an accommodation, how would you perform the task and with what accommodation?

Have you ever been convicted of a felony or a crime involving moral turpitude? (Moral turpitude includes such crimes as fraud, swindling, and sex-related offenses. You may omit juvenile offenses or convictions that have been set aside after successful completion of a probation period) _____

If the answer is yes, please give details relating to the date of conviction, place of conviction, the court in which convicted, the case number and the sentence.

Are you related in any way, including by marriage, to any board member presently serving on the USJ Board of Trustees? _____

If so, please name the person and the relationship. _____

IMPORTANT NOTICE TO APPLICANTS

I, the undersigned, affirm that the information included in this application is true and complete. I understand that failure to include true and complete information may result in my disqualification for consideration for employment and/or dismissal from my position in this school district. I also understand that the references and personal information, which become a part of this application, are regarded as confidential and shall not be revealed to me.

Signature

Date

PLEASE ATTACH COPY OF TRANSCRIPT