

Supplement to
APPLICATION FOR TEACHING POSITION
Alvin C. York Institute
School Year _____

Name _____ Phone Number _____

Address _____ Date of Birth _____

City _____ St _____ Zip _____ Soc. Sec. No. _____

Certificate: _____ Areas of Endorsement: _____

Number State

Highest Level of Education Completed: _____

Degree(s) Earned: _____

Major _____

Major _____

Major _____

Number Yrs. Teaching Exp. _____

If you have teaching experience, in what _____
state county no. yrs.

Subject/Grade Level I prefer to teach: _____

Extra-Curricular activities I have sponsored or helped with previously: _____

Extra-Curricular activities I would prefer to sponsor or help with now: _____

Please list any other skills, interests, or work experiences that you believe could be helpful in a school situation: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, explain: _____

Optional Comments: _____

Signature: _____ Date: _____



STATE OF TENNESSEE
Alvin C. York Institute

PO Box 70 - 701 North Main Street - Jamestown, TN 38556
 Phone: 931-879-8101 - Fax: 931-879-2147

Employment Application

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
 Street Address _____ Apartment/Unit # _____
 City _____ State _____ ZIP _____
 Phone _____ E-mail Address _____
 Date Available _____ Social Security No. _____
 Position Applied for _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you previously worked for the State of Tennessee? YES NO If so, list dept. & dates _____

Have you ever been convicted of a felony? YES NO If yes, explain _____

EDUCATION

Please indicate the highest level of primary or secondary education completed.

1	2	3	4	5	6	7	8	9	10	11	12	Certif. of Completion	GED Certif.	High School Diploma	Date Completed
High School												Address _____			
From	To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree _____								
College												Address _____			
From	To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree _____								
Other												Address _____			
From	To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree _____								

To ensure that you receive the maximum score possible in an evaluation of your training and experience, it is strongly recommended that you submit a copy of your college transcript with your application. Regardless of whether or not you are submitting a transcript, please indicate the number of quarter hours received in the subjects listed below. A transcript of all course work may be required at the time of employment. For education received from a non-United States college or university, please attach a copy of

(To convert semester hours to quarter hours, multiply by 1.5)

- | | | | | | | |
|------------------------|-----------------------|-------------------------------|----------------------------------|--------------------------|--------------------------|-----------------------------|
| ___ Accounting | ___ Political Science | ___ Environmental Engineering | ___ Psychology | ___ Agribusiness | ___ Human Anatomy | ___ Mental Health |
| ___ Chemistry | ___ Computer Science | ___ Drafting | ___ Sociology | ___ Agriculture | ___ Human Nutrition | ___ Non State CEU* credit |
| ___ Biology | ___ Mathematics | ___ Education | ___ Environmental Health/Physics | ___ Archaeology | ___ Industrial Arts | ___ Nursing |
| ___ Microbiology | ___ Statistics | ___ Special Education | ___ Geology | ___ Child/Family Studies | ___ Law/Legal Assistance | ___ Recreation Rec. Therapy |
| ___ Business/Economics | ___ Civil Engineering | ___ Counseling | ___ Library Science | ___ Criminal Justice | ___ Marketing | ___ Rehabilitation Studies |

*CEU credits earned by State employees through state sponsored training will be automatically recorded in their applicant records. To obtain credit for non-state sponsored CEUs or vocational technical school training, an official transcript must be attached.



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LICENSES: Please list each license, certificate, or other authorization to practice a trade or profession. Teachers must specify subject area and type of certification. Please make sure licensure information is current with each new application you submit

Type of Certification	Area of Endorsement	License NO.	Original License Issue Date	Current License Expiration Date	State or Agency Issuing License

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

<u>Veteran Status:</u>	<u>Required Documents:</u>	<u>Document Types</u>
Veteran	Submit document 1 only	1. Discharge (DD Form 214) showing entry and honorable discharge from active military service 2. *Statement from Veterans Admin showing 10% service-connected disability 3. *Statement from Veterans Admin showing veteran's 100% service-connected disability 4. Statement from Veterans Admin showing veteran was killed while on active duty *Statement must have been issued from Veterans Admin within last six months
10% Disabled Veteran	Submit documents 1 and 2	
100% Disabled Veteran	Submit documents 1 and 3	
Spouse-Veteran killed on active duty	Submit documents 1 and 4	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____



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PREVIOUS EMPLOYMENT

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO