



APPLICATION PROCEDURES FOR SUBSTITUTE TEACHER/CAFETERIA WORKER/NURSE

Marshall County School System

1. Submit a completed application. Please do not write "See Resume" in the blanks on the application. You **MUST** include three (3) references.
2. Attach supporting documents:
 - a. A copy of high school diploma and/or GED certificate; **OR** copy of college degree.
 - b. Handwritten letter describing why you want to be a substitute teacher/cafeteria worker/nurse in the Marshall County School System.
3. Attend a Substitute Teacher Training Session. They are held monthly during the school year; check with the Central Office for date and time.
 - a. You must bring two (2) valid forms of ID with you to the training (such as Driver's License, Social Security Card, Passport or Birth Certificate).
4. Complete the fingerprinting process required for a TBI/FBI background check. This will be done immediately following the Substitute Teacher Training Session.
 - a. You must bring **EXACT CASH** with you to the training session for the fingerprinting fee of **\$40.00**. No checks or money orders.

Your application will NOT be processed until ALL paperwork is COMPLETE, all required documents are attached and the training session has been attended.

If you have questions call the

Human Resources Office
Marshall County School System
700 Jones Circle
Lewisburg, TN 37091
931-359-1581, ext. 12028
www.k12marshall.net



**APPLICATION FOR SUBSTITUTE TEACHER/CAFETERIA
WORKER/NURSE
Marshall County Board of Education**

I am applying for employment to begin on _____.

1. I understand that if I am employed as a Substitute Teacher/Substitute Cafeteria Worker/Substitute Nurse by the Marshall County Board of Education that my employment will be on an "as-needed" basis and that there is no guarantee of hours available.
2. I have not been convicted of a felony in any state of the United States.
3. I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence or insubordination.
4. I am a citizen of the United States or have obtained the proper work credentials.
5. I do not have any contagious or communicable disease which may endanger the health of school children.
6. I understand that a copy of my high school diploma or GED certificate must be attached.
7. I understand that misrepresentation of any of the above statements may subject me to a fine and loss of opportunity for employment.
8. I will agree to a TBI/FBI background check (TCA 49-2-301), which includes fingerprinting, at my expense.
9. I understand that all offers of employment are contingent on a satisfactory background check conducted by the TBI/FBI (TCA 49-2-301) AND approval of the Director of Schools.
10. **IMPORTANT DISCLAIMER:** By signing below, I agree to abide by all rules and regulations set forth for substitutes in the Marshall County School System. Additionally, I agree that I am responsible for keeping accurate timesheets (paper and/or electronic, when available), in order to comply with the Employer Mandate of the Affordable Care Act. I understand that failure to keep accurate and timely reports of my time spent substituting may result in termination of my employment as a substitute.

(Date)

(Signature)

(Social Security Number)

(Printed Name)

(Address)

(City, State, Zip)

(Phone)

EDUCATIONAL BACKGROUND (In order beginning with high school)					
School	Location	Degree/HS Diploma	Date	Major	Minor

WORK EXPERIENCE (List in order beginning with most recent.)			
Type of Work	Name and Address of Employer	Date	Last Annual Salary
		From To	
		From To	
		From To	
		From To	
		From To	
		From To	

MILITARY SERVICE		
Branch	Date	Total Years

REFERENCES – Must include three (3)		
Name	Address/Phone	Position

**Waiver
Public Law 93-380**

I, _____ being aware of the provisions of Public Law 93-380, “Family Educational Rights and Privacy Act of 1974,” here affix my signature and provide a waiver of the above law’s provisions.

I hereby grant authorization to the Marshall County Board of Education, the Human Resources Department, and all placement administrators in the Marshall County Schools to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors, co-workers, in any bona fide school corporation.
2. Request credentials from all educational institutions I have attended.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in the school corporation to the Human Resources Department of the Marshall County Board of Education.
2. Any or all educational institutions I have attended to release my placement credentials on request to the Human Resources Department of the Marshall County Board of Education.

Signature of Applicant

Date

APPLICATION DATA RECORD

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, religious belief, sex, national origin, age, ethnic group, or disability. As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

In order that we may comply with government record keeping, reporting and other legal requirements, please complete this Data Record. The completion of this Data Record is encouraged but **voluntary**, and failure to complete this form **will** not adversely impact an applicant's opportunity for employment with the Marshall County School System.

This data is for periodic government reporting and will be kept in a secure and confidential file separate from the Application for Employment.

Date: _____

Name: _____
 First Middle Maiden Last

Address: _____
 Street (include Apt. number)

Phone: _____ Alternate Phone: _____

Date of Birth: _____ Are you a U.S. Citizen? Yes No

Position(s) Applied For: _____

Referral Source: Advertisement Friend/Relative College Recruitment
 Principal/Teacher Website Other _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: Male Female

Check one of the following Race/Ethnic Codes: White Black Hispanic/Latino
 American Indian/Alaskan Native Asian/Pacific Islander

Check one of the following if applicable: Vietnam Era Veteran Disabled Veteran
 Peace Keeping Missions Other Middle East Conflicts