



STATE OF TENNESSEE
Tennessee School for the Blind
 115 Stewarts Ferry Pike – Nashville, Tennessee 37214
 Phone: 615-231-7300 – Fax: 615-871-9312

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 <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you previously worked for the State of Tennessee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, list dept. & dates		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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 credential evaluation from an accredited United States school or other acceptable evaluation service.

(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> Veteran 10% Disabled Veteran 100% Disabled Veteran Spouse-Veteran killed on active duty	<u>Required Documents:</u> Submit document 1 only Submit documents 1 and 2 Submit documents 1 and 3 Submit documents 1 and 4	<u>Document Types</u> 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

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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