

## INSTRUCTIONS FOR TEACHER APPLICANTS

WEBSITE: [www.rcstn.net](http://www.rcstn.net)

We appreciate your interest in Robertson County Schools. In order to help you know what we need for a completed application, please read the following information carefully. Following these procedures will facilitate our processing your application and allow us to consider your application the earliest date. **IT IS YOUR RESPONSIBILITY TO FOLLOW-UP ON YOUR COMPLETED APPLICATION WITH THE DEPARTMENT OF HUMAN RESOURCES.**

**PLEASE NOTE** that no application will be considered complete until the following are attached and no interview will be scheduled until complete.

---**UNOPENED** Official transcript(s) of college work from every university attended. If transcript does not show a conferred bachelors degree, a transcript must be sent upon graduation.

---Application (complete in all areas)

---Pre-Interview questionnaire (Please print or if typing at least use a 11 point font when completing these questions.)

---Professional teaching certificate in Tennessee (photo copy sufficient) or Tennessee statement of eligibility (Praxis Scores)

---References (minimum of three). Forms are enclosed with application

---Documentation that shows eligibility for Highly Qualified

---Current copies of previous evaluation files

**Licensure (Tennessee):** (Roman Numeral VII) If you completed your program in Tennessee, make sure your college or university sends the necessary license application to the Office of Teacher Licensing at the Tennessee Department of Education. If you are an out of state graduate, it is your responsibility to apply for licensure in Tennessee by contacting the office at the State Department (615) 532-4891 for an application. Not having your license in hand will not preclude an interview, but may prohibit your being hired into a position.

**References:** Roman Numeral IX of the Teacher Application is a place for references. **PLEASE GIVE FULL, CORRECT ADDRESSES, PHONE NUMBERS, AND ZIP CODES ON ALL REFERENCES.** References may include anyone who can verify your training experience or qualifications and has supervised you in a teaching position, preferably principal(s), assistant principal(s), and / or supervisor(s). If you have no teaching experience, use references from your previous employers. If you are a new graduate, use your cooperating teacher(s) and / or supervisor(s) at the college or university level. Enclosed are the three (3) reference forms to be completed. **Be sure that your references are aware that they must send the completed reference forms to our office. DO NOT FAX.**

**ADDRESS ALL CREDENTIALS AND CORRESPONDENCE TO:**

ROBERTSON COUNTY SCHOOLS  
HUMAN RESOURCES  
2121 WOODLAND STREET  
SPRINGFIELD, TN 37172



III. TEACHING EXPERIENCE (List chronologically all teaching experience. Do not include substitute teaching.)

Name of School	School System	State	Position Held Grades and / or Subject Taught (Specify)	Date From - To	Full Time	Part Time

IV. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically and attach a sheet if necessary.)

Employer	City / County	State	Position Held	Dates of Employment	Salary

V. MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

VI. EXTRACURRICULAR ACTIVITIES - Check (✓) activities you are willing to coach / sponsor.

Art	Clubs	Football	Music / Band	Tennis	Other(s):
Baseball	Cross Country	Forensics	Newspaper	Track	
Basketball	Dance	Golf	Service Club	Volleyball	
Cheerleaders	Debate	Gymnastics	Soccer	Wrestling	
Class Sponsor	Drama	Honor Society	Softball	Yearbook	

VII. LICENSURE

- A. Have you applied for a Tennessee License? Yes \_\_\_ When? \_\_\_\_\_ No? \_\_\_ When will you? \_\_\_\_\_
- B. If you have been issued a Tennessee License, **please submit a photocopy with this application.** Copy enclosed? .....Yes \_\_\_ No \_\_\_  
 Check type of Tennessee Certificate(s) currently held: Apprentice \_\_\_\_\_ Professional \_\_\_\_\_ Type I \_\_\_\_\_ Type II \_\_\_\_\_  
 Interim B \_\_\_\_\_ Out of State \_\_\_\_\_ Other Types \_\_\_\_\_ License Year of Expiration \_\_\_\_\_  
 Certification / Endorsement(s) \_\_\_\_\_
- C. If you have been issued a certificate in another state, **please submit a photocopy with this application.** Copy enclosed? .....Yes \_\_\_ No \_\_\_  
 State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certification / Endorsement(s) \_\_\_\_\_
- D. Have you taken Praxis Exams or the National Teacher Examination? (If yes, **please submit a copy of your scores.**) ..... Yes \_\_\_ No \_\_\_  
 Principals of Learning & Teaching (PLT): Yes \_\_\_ No \_\_\_ Date Taken \_\_\_\_\_ Score \_\_\_\_\_ Copy Enclosed? ... Yes \_\_\_ No \_\_\_  
 Specialty Area: Yes \_\_\_ No \_\_\_ Date Taken \_\_\_\_\_ Score \_\_\_\_\_ Copy Enclosed? ..... Yes \_\_\_ No \_\_\_  
 Have you had the NCLB "Highly Qualified" status verified for the subject area(s) you are requesting employment? ..... Yes \_\_\_ No \_\_\_  
 If yes, attach verifying documentation. Is documentation attached? ..... Yes \_\_\_ No \_\_\_

VIII. GENERAL INFORMATION

Based on the job description and familiarity with work, are you able to perform the essential functions of the job for which you are applying?  
 Yes \_\_\_ No \_\_\_ Please Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date available for employment? \_\_\_\_\_ Are you under contract and if so, where? \_\_\_\_\_ Yes \_\_\_ No \_\_\_  
 Current contracted position? \_\_\_\_\_ If presently employed, why do you wish to change? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If under contract, what type? Continuing / Tenure \_\_\_\_\_ Annual / Interim \_\_\_\_\_ Other \_\_\_\_\_ Explain \_\_\_\_\_

If under contract, have you checked and can you be released if you are offered another position? ..... Yes \_\_\_ No \_\_\_

If not under contract, have you ever held a continuing contract in Tennessee? ..... Yes \_\_\_ No \_\_\_

If yes, name school system(s) and date(s) \_\_\_\_\_

Have you ever been refused tenure or a continuing contract? If yes, please give a brief explanation..... Yes \_\_\_ No \_\_\_

Have you ever had a professional certificate, credential or license (of any kind) revoked or suspended, or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards or conduct? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_

Have you ever been placed on leave by your employer or left such employment prior to the end of the contract term? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_

Have you ever resigned in lieu of contract non-renewal, non-extension, or termination of employment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_

Have you been dismissed from any previous employment for incompetency, inefficiency, neglect of duty, immoral or improper conduct, insubordination or other just cause? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_

Have you ever breached a contract with any employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_

Have you ever had a certificate or license revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_

**IX. REFERENCES**

List only persons who know of your teaching experience and / or qualifications for educational services.

NAME OF REFERENCE	POSITION / RELATIONSHIP	MAILING ADDRESS	PHONE NUMBER
1.			
2.			
3.			

***This application will be considered ACTIVE for one (1) school year. At the end of the current school year our files will be purged. Applicants must complete a new application annually in order to be considered for employment.***

My signature below authorizes Robertson County Schools to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release Robertson County Schools and the reference source from any liability in connection with its release or use. After January 1, 2000 all background checks will be processed through the Tennessee Bureau of Investigation and the Federal Bureau of Investigation.

I agree to release all investigative records to Robertson County Schools for examination for the purpose of verifying the accuracy of criminal violation information as required by the Tennessee Code Annotated, Section 49-5-406(a)(1). If offered employment, I will supply a fingerprint sample for a criminal history records check to be conducted by RCBE at my expense.

I understand that all job offers are contingent upon the review of references, background investigations, drug screening, and other relevant information. Any misleading or incorrect statements, omissions, or failure to disclose criminal convictions may remove this application from further consideration for employment and, if employed, may be cause for immediate termination.

I recognize that, if I am employed, the Director of Schools may assign or reassign me to a specific position as the need requires.

Knowingly falsifying information required by 49-5-406(c)(2) shall be sufficient grounds for termination of employment and shall also constitute a Class A misdemeanor which must be reported to the District Attorney General for prosecution. The accuracy of such information may be verified by fingerprint and criminal history check conducted by TBI and FBI pursuant to 49-5-413(a)(2).

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand that I am to abide by all policies and procedures of the employer which may be changed from time to time at the employer's discretion.

Have you ever been arrested (even if no contest or charges dropped or pled down) for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of the illegal possession, use, manufacture, and / or resale of drugs, including conviction on a plea of guilty, a plea of nolo contendere or no contest, or an order granting pre-trial diversion, in this state or in any other state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted, pled guilty, or pled nolo contendere to a criminal offense, other than a minor traffic violation (this includes, but is not limited to a felony, gross misdemeanor, misdemeanor, DUI, etc.) in any state of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had been convicted or had a report of child abuse or sexual activities involving a PreK-12 student or minor filed against you with a school district, a state or federal agency, a police agency, or in court? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under investigation in any state of the United States or been named in an indictment, accusation, or special presentment of any offense, other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my most recent employer was another Tennessee public school system and if my termination was voluntary, I certify that my resignation was, or will be, submitted at least thirty (30) days prior to the beginning date of my employment with Robertson County Schools, or, if within thirty (30) days, that the previous board has waived its right to such notice.

A copy of my letter of resignation or of the said board action is attached or will be provided, if applicable.

Robertson County Schools maintains a drug-free workplace. The Director of Schools may require a drug test when such test is supported by reasonable suspicion, based on specific facts and reasonable inferences drawn from those facts in light of experience, that the employee has been under the influence of drugs, controlled substances, or alcohol on school property or during the workday.

In accordance with Board Policy 5.515, I agree to notify Robertson County Schools Human Resources Department the day after my arrest should I be arrested on the offense of a Class B misdemeanor / felony or above. Failure to do so may result in my dismissal.

My signature below indicates that I understand and agree to all statements in this application. Furthermore, I certify that I have made true, correct, and complete answers and statements on this application and on any supplement to it. Upon offer of employment or upon completion of the pre-employment physical, any misrepresentation on this application will be sufficient grounds for failure to employ or for my discharge should I become employed with Robertson County Schools.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



**Robertson County Schools**  
***Expect Success!***  
**Ensuring each student is prepared to succeed in life**

**ROBERTSON COUNTY SCHOOLS  
TEACHER PRE-INTERVIEW QUESTIONNAIRE**

Please complete this questionnaire and return it with your application.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. Why did you choose teaching as a profession? \_\_\_\_\_

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2. What do you feel you have to offer in a teaching position in Robertson County? \_\_\_\_\_

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3. Identify what you feel is a major need in education and describe how you will address this need in your classroom. \_\_\_\_\_

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4. Principals and teachers are struggling with social issues that are impacting our schools. Choose one social issue that is affecting school systems and tell what impact you feel you can have as a teacher. \_\_\_\_\_

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5. There is a growing public perception in some arenas that teaching has become a less respected profession. How would you respond to that perception and what will you do to improve the perception? \_\_\_\_\_

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6. It will be your duty as a teacher to identify and meet the needs of a diverse population of students. You will be challenged by extreme variations in ability, motivation, concern, acceptance and cooperation – both of students and of parents. What commitments are you willing to make to teach all students to the best of your and their abilities? \_\_\_\_\_

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7. What do you perceive as the role of the special education teacher? How does the role of special educator relate to students, parents, community, peers, and administration? \_\_\_\_\_

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8. What is meant by the term "Least Restrictive Environment"? How does this term apply to special needs students?

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9. What is the function of an Individualized Educational Plan (IEP)? Which students do you think require one? \_\_\_\_\_

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10. What effect does Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act of 1997 have on the teacher, the student, and instruction in the classroom? \_\_\_\_\_

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11. How does the Family Educational Rights and Privacy Act regulate daily activities in the classroom? \_\_\_\_\_

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12. Additional comments: (additional pages may be attached if needed) \_\_\_\_\_

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**Robertson County Schools**

Attn: Human Resources, P. O. Box 130, 2121 Woodland Street, Springfield, TN 37172  
Phone: 615-384-5588 Fax: 615-384-9749

**TEACHER REFERENCE FORM**

TO: \_\_\_\_\_  
Name (Reference)

Street City State Zip

FROM: \_\_\_\_\_  
Name (Applicant)

Street City State Zip

I have applied for a position with Robertson County Schools and have been asked to provide references. Please complete the section below and mail it to: Robertson County Schools, Human Resources, 2121 Woodland Street, Springfield, TN 37172. DO NOT RETURN TO APPLICANT.

Your prompt response will be greatly appreciated since providing a reference is a critical part of the employment process. Comments will not be revealed to me as I have waived my rights to such a review.

\_\_\_\_\_  
Signature of Applicant Date

Please give your confidential appraisal of applicant's qualifications as observed by you in college training, teaching, and / or other work experience. Check those items which apply to you. Any statements you make on this form will be held in strict confidence by this office. Thank you for your courtesy and cooperation.

0=No Opportunity to Observe 1=Unsatisfactory 2=Below Average 3=Average 4=Above Average 5=Outstanding

- Personal Appearance: Dress, Grooming, Impression ..... 0-1-2-3-4-5
- Effective Communication..... 0-1-2-3-4-5
- Competency in Major Field..... 0-1-2-3-4-5
- Student-Teacher Relations: Respect, Understanding, Cooperation ..... 0-1-2-3-4-5
- Ability to relate with School Officials and Peers ..... 0-1-2-3-4-5
- Participation in Total School Program: PTA, Volunteering ..... 0-1-2-3-4-5
- Participation in Activities Beneficial to School / Community Life ..... 0-1-2-3-4-5
- Promptness, Neatness and Accuracy with Records and Reports ..... 0-1-2-3-4-5
- Teaching Skills: Stimulation of Interest and Effort; Use of Teaching Strategies ..... 0-1-2-3-4-5
- Discipline of Students ..... 0-1-2-3-4-5
- Classroom Management (students, aides, volunteers) ..... 0-1-2-3-4-5
- Attendance ..... 0-1-2-3-4-5
- Overall Job Performance..... 0-1-2-3-4-5

How long have you known the applicant? \_\_\_\_\_

Would you hire / rehire the above applicant as a teacher? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain. \_\_\_\_\_

I have personally completed this form and I am returning it by mail without revealing its contents to the applicant.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_



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Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Robertson County Schools does not discriminate because of gender, color, race, age, national origin, pregnancy, ancestry, marital status, veteran status, disability, handicap, religion, creed, or citizenship status. Robertson County Schools is a Tennessee Drug-Free Workplace.

***This form is to be completed ONLY if you have teaching experience as a certified teacher.***

**PLEASE RETURN FORM TO: Robertson County Schools,  
Attn: Sheila Clinard, 2121 Woodland Street, Springfield, TN 37172**

**TENNESSEE DEPARTMENT OF EDUCATION – OFFICE OF TEACHER LICENSING  
EXPERIENCE VERIFICATION FORM**

The information listed below is to be completed by the current or previous employer (Superintendent, Headmaster, Agency Director, or Designated Personnel Officer). Please note that if verifying college experience, only experience as a full-time voting member of the faculty is accepted. Use one line for each change in status. Do not include leave of absence periods.

**NAME OF EDUCATOR** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

*IMPORTANT: It is the educator’s responsibility to obtain this information from their previous employer(s). Teaching experience may not be granted until it is recognized by the State Department of Education. Please keep a copy of this form for your records.*

**Information below to be completed ONLY by the SCHOOL SYSTEM OR COLLEGE where teaching was performed.**

EXPERIENCE RECORD (Please list experience yearly, each year on a separate line, beginning July 1 and ending June 30.)

Name of School	School System	Position and Grade Level	State	Total Time Served – July - June				% Time, 100 or % Less	Length of School Yr
				Beginning Date Month/Day/Year	Ending Date Month/Day/Year	Months	Days		

THE ABOVE SCHOOL, SCHOOL SYSTEM OR COLLEGE OR UNIVERSITY WAS FULLY APPROVED OR ACCREDITED BY THE \_\_\_\_\_ AT THE TIME SERVICE WAS PERFORMED.

(State Department of Education or Association of Colleges & Schools)

Check one of the following:

- Public School PK-12     Private School PK-12     U.S. Government Service Teaching Program     Paid, Full-time Voting Member of College or University Faculty

**I HEREBY CERTIFY THAT THE ABOVE LISTED EXPERIENCE IS A TRUE AND CORRECT COPY OF THE RECORDS ON FILE FOR THE EDUCATOR NAMED ABOVE.**

(This form must be signed by an authorized official from agency/institution as stated above.)

**Director of Schools Signature** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street/P.O. Box** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Date** \_\_\_\_\_

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