BODINESCHOOL

2432 Yester Oaks Drive Germantown, TN 38139

Phone: (901) 754-1800 / Fax: (901) 751-8595

Mission

The mission of Bodine School is to lead the Mid-South in teaching children with dyslexia to read and succeed.

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Position for which you are applying: Staff ☐ Administration ☐ Teacher ☐ Other ☐

GENERAL INSTRUCTIONS**: You are requested to complete all of the blanks. If an item does not apply, use N/A. For all sections, if additional space is needed, please attach additional sheets.* ***Return application, copies of college transcripts and a copy of your teaching certificate to the school.

Applicant Information

Full Name: _____ SSN: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email: _____

Date Available: _____ Are you eligible to work in the United States? YES ☐ NO ☐

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which would reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status.

Current or Most Recent Employer

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Duties/
Responsibilities: _____

_____

Starting Salary: **$** _____ Ending Salary: **$** _____

From: _____ To: _____ Reason for Leaving: _____

Previous Employer

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Duties/
Responsibilities: _____

_____

_____

_____

Starting Salary: **$** _____ Ending Salary: **$** _____

From: _____ To: _____ Reason for Leaving: _____

Previous Employer

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Duties/
Responsibilities: _____

_____

_____

_____

Starting Salary: **$** _____ Ending Salary: **$** _____

From: _____ To: _____ Reason for Leaving: _____

Education

High School: _____ Address: _____

Year Completed: _____ Diploma: _____

College: _____ Address: _____

Year Completed: _____ Degree: _____

Graduate: _____ Address: _____

Year Completed: _____ Degree: _____

Other: _____ Address: _____

Year Completed: _____ Degree: _____

Student Teaching:

School: _____ Address: _____

Dates: _____ Grade(s) / Subject(s): _____

Teaching License:

State and Number : _____

Type: _____ Expiration: _____
(Professional, Permanent, Temporary)

Certification for Grades: _____

In what subjects do you have
12 or more semester hours? : _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Other

Have you ever been convicted of a felony or misdemeanor? YES ☐ NO ☐

If yes, explain: _____

Have you ever been charged with or convicted of child abuse or neglect? YES ☐ NO ☐

If yes, explain: _____

Have you ever been charged with physical or sexual abuse, or drug or alcohol-related offenses? YES ☐ NO ☐

If yes, explain: _____

Has your employment ever been terminated for any reason? YES ☐ NO ☐

If yes, explain: _____

Driver's License Number: _____ State.:_____ Expiration Date:_____

Has your driver's license ever been suspended or revoked? YES ☐ NO ☐

If yes, explain: _____

Background Check Authorization

I certify that my answers are true and complete to the best of my knowledge. I understand that if employed, false or misleading information in my application or interview may result in immediate termination.

I also understand that a criminal background check will be conducted. I will not be considered for employment if I have been charged with any of the following: drug offenses including possession, distribution or use of controlled substance or drug paraphernalia, sexual offenses, larceny, violent acts, sexual assault, contributing to the delinquency of a minor, and driving under the influence of alcohol or drugs (DUI) within the last 5 years. I authorize Bodine School to conduct the aforementioned checks of my background. I also authorize the school to conduct random drug testing and understand that failure to pass such tests is grounds for immediate dismissal.

Signature: _____ Date:_____

Name (printed): _____

Thank you for your interest in Bodine School.