



2432 Yester Oaks Drive Germantown, TN 38139  
Phone: (901) 754-1800

### Mission

The mission of Bodine School is to lead the Mid-South in teaching students 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: \_\_\_\_\_  
*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: \_\_\_\_\_

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**Previous Employer**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties/  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**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.**