



PARIS SPECIAL SCHOOL DISTRICT
1219 HIGHWAY 641 SOUTH
PARIS, TN 38242
(731) 642-9322
(731) 642-9327 FAX

ADMINISTRATOR APPLICATION

Application Date _____ Social Security Number _____

Name _____
Last First Middle

Address _____

Phone () _____

POSITION FOR WHICH YOU ARE APPLYING

CERTIFICATION

Tennessee Certificate Number _____ Type of Certificate _____

Expiration Date _____ Area(s) of Endorsement _____

Career Ladder _____ yes _____ no Level _____

Certification in other states _____

EDUCATION

List most recent educational activity first.

School/Location	Area of Study	Diploma/Degree	Date Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE

List in order beginning with the most recent.

School/Location	Grade/Subject	Principal/Superintendent	Date Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER WORK EXPERIENCE

List in order beginning with the most recent.

Name/Address/Phone Number of Employer	Your Position	Date Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

List three.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY INVOLVEMENT/ACTIVITIES

PROFESSIONAL AFFILIATIONS

HOBBIES

BRIEFLY DESCRIBE WHAT YOU BELIEVE TO BE THE MOST IMPORTANT REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING AND EXPLAIN WHY YOU FEEL YOU ARE QUALIFIED TO FULFILL THOSE REQUIREMENTS. GIVE ANY EXAMPLES OF LEADERSHIP ACTIVITIES THAT YOU CONSIDER TO BE RELEVANT TO THIS POSITION. Attach as many sheets as necessary.

COPY OF CURRENT TENNESSEE TEACHING CERTIFICATE MUST BE ATTACHED. ORIGINAL CERTIFICATE REQUIRED UPON EMPLOYMENT.

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. RESUME AND COLLEGE TRANSCRIPTS MUST BE ATTACHED TO THE COMPLETED APPLICATION.

PLEASE READ CAREFULLY BEFORE SIGNING:

It is required by TCA 49-5-406 and TCA 49-5-413 that the Tennessee Bureau of Investigation conducts a criminal background check (including finger-printing) before employment is considered.

Signature: _____ Date: _____

In accordance with Federal law the Paris Special School District does not discriminate on the basis of race, color, national origin, religion, sex, age or disability in its education programs, activities or employment.

TO ALL APPLICANTS:

The Paris Special School District is legally required to ask you to complete this information because of the requirements in Title VI of the Civil Rights Act of 1964. You are not required to complete the questionnaire. It will be removed from your application and placed in a different folder for data collection purposes only.

DIRECTIONS: Please circle only one response for each choice.

A. Gender male female

B. Disability yes no

C. Veteran yes no

D. Age (over 65) yes no

E. Language: (May have more than one choice).

1. English as a Second Language
2. Non-English Language background
3. Limited English Proficiency
4. English as dominant language
5. My primary language is: _____

F. Ethnicity:

1. Asian
2. Black
3. Caucasian
4. Hispanic
5. Native American
6. Pacific Islander
7. Other _____

G. Place of Birth:

Country _____