



# DAYTON CITY SCHOOL

General Employment Application  
Dayton City Board of Education

**Please select application position:**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Office Staff          | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Educational Assistant | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Technology Department |                                    |

## APPLICANT INFORMATION

Last Name		First	M.I.	Date
Permanent Address			Apartment/Unit #	
City		State	ZIP	
Phone		Condition of Health		
Date Available	Social Security No.		Sex	
Position Applied for				

## EDUCATION

High School				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree or Hrs or Credits		
College				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree or Hrs or Credits		
Other				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree or Hrs or Credits		

Other Training \_\_\_\_\_  
\_\_\_\_\_

Type of Certification held (if any) \_\_\_\_\_ Area of Certification \_\_\_\_\_

Date issued \_\_\_\_\_ Date of expiration \_\_\_\_\_

## EXPERIENCE

Elementary \_\_\_\_\_ High School \_\_\_\_\_ No. Yrs. Experience \_\_\_\_\_

## REFERENCES

Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		

<b>CURRENT POSITION</b>	
Company	
Reason for Leaving	
Please complete all blanks carefully and completely. Return to the Principal	
Signature	Date

I hereby certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

**APPLICATION BECOMES VOID ONE YEAR FROM DATE SUBMITTED**

\_\_\_\_\_  
Date of application

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

*The Dayton City School System does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in the provision of services, in programs or activities or employment opportunities and benefits.*

**AN EQUAL OPPORTUNITY EMPLOYER**  
THIS INFORMATION IS REQUIRED BY TENNESSEE CODE ANNOTATED

Knowingly falsifying the information required by Section 49-5-406 shall be sufficient grounds for your termination of employment from Dayton City School. You falsifying the information shall also constitute a Class A misdemeanor which must be reported to the District Attorney for prosecution. Be further advised that pursuant to Section 49-5-413, the accuracy of the information requested below may be verified. Such verification may include but not be limited to fingerprint and criminal records from the Tennessee Board of Investigation.



**Dayton City School**  
 520 Cherry Street  
 Dayton, TN 37321

**CONSENT FOR CRIMINAL RECORDS CHECK BY LAW ENFORMENT AGENCIES**

The Dayton City School System requires a local and state criminal background check on all new employees. An acceptable fingerprint record is part of the criminal background check.

**The cost of the entire investigation will be the responsibility of the applicant.**

"I HEREBY CERTIFY THAT I  (HAVE) OR  (HAVE NOT) BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN ANY STATE OF THE UNITED STATES."

**(IF "HAVE" IS INDICATED, EXPLAIN FULLY THE DETAILS OF EACH SUCH CONVICTION ON A SEPARATE SHEET)**

**(This section is to be completed by the applicant. Please print except where otherwise specified.)**

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, have applied for a position with the Dayton City School System, and consent to a criminal background check by law enforcement agencies under the conditions stated above. I also authorize the release of such information to the Dayton City School System now and at any time during my employment, and hereby release, discharge, and waive any and all claims which may arise against you for the release of accurate information.

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

Driver's License Number	_____	Place of Birth	_____
Sex	_____	Eye Color	_____
Race	_____	Hair Color	_____
Date of Birth	_____	Height	_____

*Information required for online finger print registration paper*

APPLICANT'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

**You are required to pay a fee for a fingerprint background check.**

1. Fingerprints are done at the ArcPoint Lab, 9297 Rhea County Hwy, Dayton, TN (brick building across from new hospital)
2. After you fill out the application, Ms. Massengill will register your information and schedule you an appointment. You can pick up the registration paper the next day from the school office if you wish to take it with you, but you do not have to take it with you.
3. You must take your driver's license with the photo ID and money order or cashier's check (made payable to MorphoTrust USA) with you to the ArcPoint Lab. Contact Dayton City School office for the exact fee (approximately \$40).
4. You will be notified as soon as we receive the results of your fingerprints.