

APPLICATION FOR  
**SCHOOL FOOD SERVICE**

**Hancock County Board of Education**

418 Harrison Street  
PO Box 629  
Sneedville, TN 37869  
Telephone: 423-733-2591  
Fax: 423-733-8757

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Address: \_\_\_\_\_  
Street
City
State
Zip

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

Are you willing to work as a substitute cook?      ( ) YES              ( ) NO

Will you work in any Hancock County School?      ( ) YES              ( ) NO

If no, which school(s) will you work in? \_\_\_\_\_

**EDUCATION**

School Name	Address	Year of Graduation

**EXPERIENCE**

Employer	Dates	Position Held

**REFERENCES**

Name	Occupation	Phone Number

PLEASE COMPLETE THE BACK OF THIS APPLICATION

\*\*\*\*\*APPLICATIONS REMAIN ON FILE FOR TWO YEARS\*\*\*\*\*

It is the policy of the Hancock County School System not to discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its educational programs or employment policies as required by Titles VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, and the Americans with Disabilities Act. Inquiries regarding compliance with Title IX, Section 504 or the Americans with Disabilities Act should be directed to Misty Rasnic, Supervisor of the Department of Special Education of the Hancock County School System or the Office for Civil Rights, U.S. Department of Education, Washington, D.C.

I certify that all statements made in this application are true and complete, and that any misstatements of material facts will subject me to disqualification or dismissal. In submitting this application for employment, I authorize investigation of all statements contained therein. I authorize any person, organization, or educational institution attended as stated or otherwise, to furnish the Hancock County Board of Education any information they have concerning me, whether on record or not, and I hereby release all persons, organizations, and institutions from claims for damages by reason of furnishing such information.

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

I hereby certify that I ( ) have ( ) 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 of paper).

I further certify that I ( ) have ( ) have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination as the same are defined in Section 49-5-501 of the Tennessee Code. (If "have" is indicated, explain fully the details of each such conviction on a separate sheet of paper. The employer's non-renewal of a yearly contract need not be indicated unless the non-renewal was for cause as listed above).

I understand that misrepresentation of any of these certifications may subject me to the penalties prescribed in Section 49-5-406 of the Tennessee Code.

Legal Name (printed): \_\_\_\_\_

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

Official employment contingent upon acceptable TBI/FBI background check.

FOR OFFICE USE ONLY			
References Checked By _____			
Date of Background Check _____	Background Check Clear	YES	NO
Date of Physical Exam _____			
Interview Date _____	Interviewed By _____		
Hire Date _____	School/Position _____		