

JOHNSON COUNTY SCHOOLS EMPLOYMENT DATA SHEET

Name of Employee _____

Address _____

Social Security Number _____ Gender ____ Race ____ Birthdate _____

Position (Include Grade Level & Funding) _____

Beginning Date _____ Phone Number _____

Employee Replaced _____

Check one: Full-time
 Part-time, give total hours per week _____

*Additional Information Needed if Transfer:

Position Left

School _____ Grade Level/Subject _____ Date Left _____

APPROVAL: _____
Director of Schools Date

Supervisors and/or Department Heads - Please complete all of the following:

Transcript on file Evidence of Diploma Tennessee licensure # _____

Notification of \$35.15 fee for background check DCS Data Base Search

Employee has had a Physical Examination

Highly Qualified ___ AA/BS Degree ___ 45 Semester Hours ___ ParaPro (456 or >)

Review of References by Supervisor _____

Review of sex offender registry & DCS background check by Finance Director _____

Johnson County Personnel Department Use Only:

Acct # _____ Funding: _____

Position: _____ School: _____

W4, Direct Deposit & Health Insurance information will be send within 3 business days to Central Accounting.