## Occupational Program Intent to Hire



Student Last Name	First	t Name	Middle Name		Maiden Name	
Street/P.O. Box	City		State		Zip Code	
Telephone	Cell Phone		Email Address			
School System		Name of Director of Schools				
Contact Person/Principal		Contact Person Phone Number		Contact Person Email		
Name of School		Address		School Phone Number		
Mentor Teacher Name		Mentor Teacher Email		Mentor Subject and Grade Taught		
Mentor Teacher License Number						
		This Section For Offici	al Use Only			
Student Has a <b>Cleared</b> Background CheckYesNo Date Completed:		Background Check Included each of these areas:  TBI Criminal History TBI Fingerprint Search Tennessee Sexual Offender Search FBI Fingerprint Search FBI Name Based Search		of Sign Che	ature of Person who Verified ck:	
This letter is evidence of intent t 20 school year.	e:		ect(s):			
Employee/Student Signature:				Date:		
Director of Schools Signature:				Date:		
ETSU Department Chair/Program Coordinator:				Date:		
ETSU Educator Preparation Coordinator Signature:				Date:		
FTSIJ Certification Coordinator Signature				Date:		